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SWOT-CLPV Analysis of the Hospital-Community-Family Cooperation Model in China

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Abstract

The hospital-community-family cooperation model is an important exploration to actively respond to the construction of healthy aging in China. Based on the SWOT-CLPV model, the current development status of the hospital-community-family cooperation model is discussed in terms of strengths, weaknesses, opportunities, challenges, leverage, inhibitions, vulnerabilities and problems. Based on the leverage, problems, and vulnerability generated, countermeasures and suggestions for the innovation and development of the hospital-community-family cooperation model are proposed. The study finds that the combination of unfavourable factors and its own strengths and weaknesses faced by in developing the hospital-community-family cooperation model produces a more problematic posture than the leveraging effects brought about by the combination with external opportunities. The internal weaknesses factors have a significant control effect on the external opportunities for the development of the hospital-community-family cooperation model, which restricts the speed of its development. Inadequate basic medical and nursing facilities for community-based home care services, the failure to connect various types of services in an orderly manner, and the lack of multi-level service provision are the main problems facing the development of the hospital-community-family cooperation model in China.

Keywords: SWOT-CLPV Model, Hospital-Community-Family Cooperation Model, Community, The Elderly, Medical-Care-Integrated Aged Care Model

Introduction

With the rapid development of China's ageing population and the medical-care-integrated aged care model (MECM) has gone through three phases, initial conception, planning and deployment, implementation and piloting, from the time it was proposed to its operation. Diversified explorations have been carried out across the country, and the connotation of MECM has also changed significantly, which is the deep integration of medical resources and pension resources. In 2021, the National Health Commission held a press conference to introduce the fact that the majority of China's older people were aging at home and in the community, forming a pattern of '9073', that is, about 90% of older people were aging at

home, 7% relied on community support for their aging, and 3% stayed in institutional care (National Health Commission of the People's Republic of China, 2021). In March 2022, nine departments, including the National Health Commission, jointly issued *the Circular on the Action on the Enhancement of the Integration of Community Healthcare and Nursing*, which proposes to enhance the capacity of the hospital-community-family services (HCS), and to promote the organic convergence of primary healthcare and elderly care services. Therefore, it is important to study the hospital-community-family cooperation model (HCM) for the sustainability of healthy aging. HCM is mainly a result of cooperation between community health service centres and community home-based elderly care service centres in providing health management services for the elderly living at home in the community, or in providing health management services directly for the elderly living at home. This HCS mainly includes providing free medical check-ups for the elderly living at home, establishing health records for the elderly, having a community doctor to provide chronic disease management, diagnosis and treatment, and assisting the elderly in need with admission to a medical institution; and providing continuity of diagnosis and treatment, nursing care, and rehabilitation training for the elderly recovering from illness et al. The research using the SWOT-CLPV model to explore the internal strengths and weaknesses of in carrying out the HCM as well as the opportunities and challenges of the external environment, and analyses a combination of these factors. Based on the leverage, problems, and vulnerability generated, countermeasures and suggestions for the innovation and development of HCM are proposed.

Problem Statement

Various issues facing HCM today. This study is based on the SWOT-CLPV model, and from the macro orientation, the central government is the dominant force leading the development of HCM, which is specifically reflected in the promulgation of policies by the central government, which promotes the subsequent participation, cooperation, division of labour and improvement of various organizational bodies in society has a profound impact on HCM.

Review

By applying the SWOT-CLPV model to the analysis of HCM under the strategy of healthy aging, we can clearly understand the advantages, disadvantages, opportunities, and challenges and comprehensively analyze the internal and external conditions of the various HCM. Li, et al. analyzed the SWOT-CLPV model of carrying out HCS in Tianjin and found that the development situation of HCS was 13V, 32P, 22L, 34C, with more problematic than leveraging effects. Indicating that the combination of unfavourable factors and its own strengths and weaknesses in carrying out HCS produces a more problematic situation than the leveraging effects brought about by the combination of the internal disadvantageous factors and the external opportunities and that internal disadvantageous factors inhibited the external opportunities of the development of HCM significantly, which restricts the speed of its development (Li, et al., 2018). Based on the SWOT-CLPV model, Shao, et al. evaluated the model in terms of national policy, social environment, supply and demand, and the inhibition, leverage, problems and vulnerability it generates, and made recommendations. (Shao, et al., 2019). Chen, et al. used the SWOT-CLPV model to sort out the strengths, weaknesses, opportunities, and threats of home healthcare in China, to analyze the inhibitions, leverage, vulnerabilities, and problems it creates, and to study the development strategy of home healthcare (Chen, et al.,2020). Based on the SWOT-CLPV model, Zhao, evaluates the social environment, supply and demand and their resulting control, leverage, problem, and

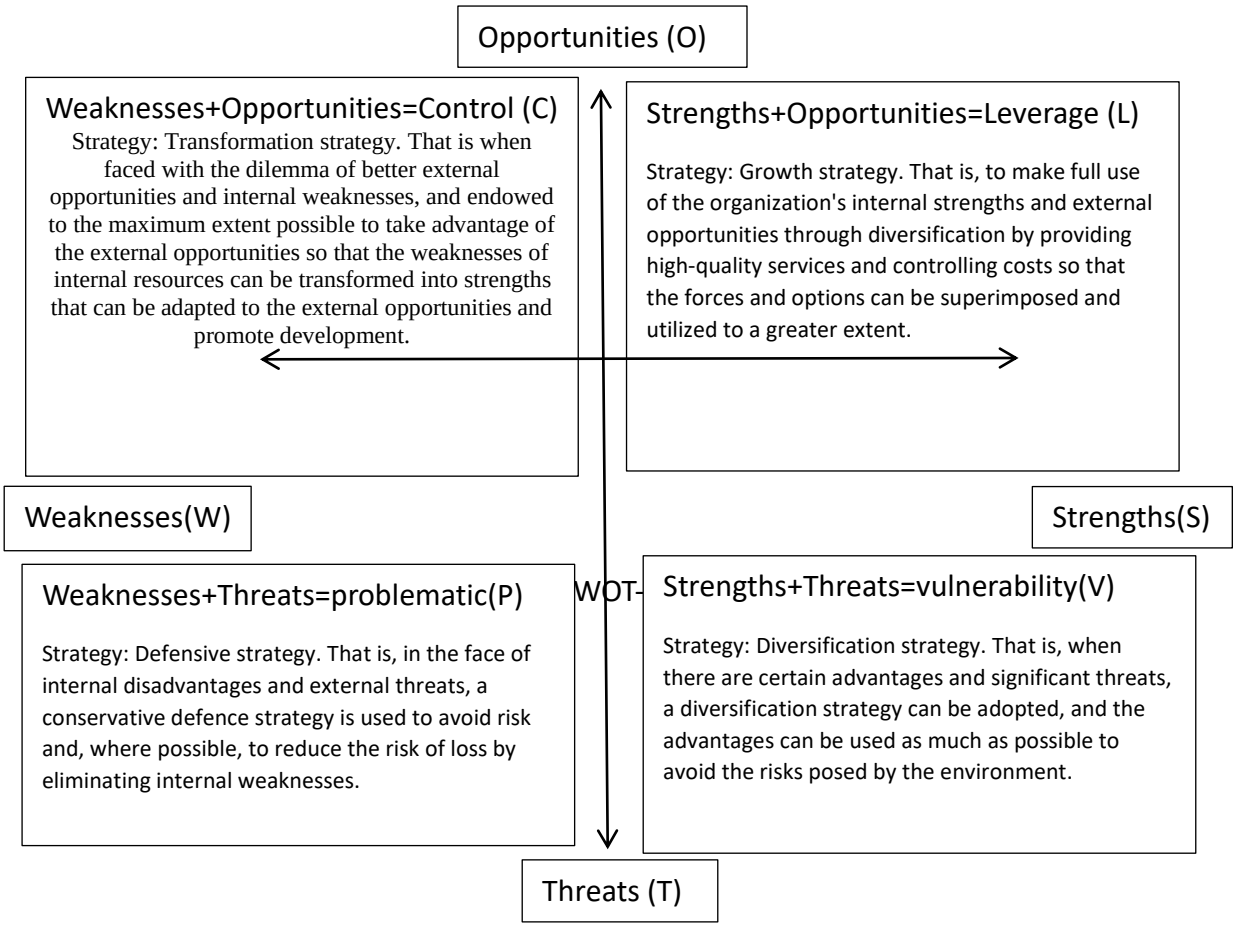
vulnerability, and puts forward countermeasure suggestions for the innovation and development of Rizhao City's MECM (Zhao, 2020). Jin, et al. randomly selected 10 hospitals or medical institutions in Taizhou City, Zhejiang Province, to establish a "medical consortium" with a total of 30 relevant personnel to conduct semi-structured interviews, to adopt the SWOT-CLPV model to sum up and summarize the current situation of the development of the "medical consortium", and to summarize the management countermeasures (Jin, et al.,2021). Based on the SWOT - CLPV model, Zhang, et al. discuss the current development status of the community-based healthcare-integrated elderly care service model in terms of strengths, weaknesses, opportunities, challenges, leverage, inhibitions, vulnerabilities and problems (Zhang, et al., 2021). Using the SWOT-CLPV model, Guo, & Liang analysed the leverage and inhibition, vulnerability and problems arising from the dynamic combination of internal strengths and weaknesses, external opportunities and threats in the progress of HCM in China (Guo, & Liang, 2023).

In conclusion, SWOT can be divided into two parts: SW is mainly used to analyze the inner needs, i.e., advantages and disadvantages of HCM system, focusing on the analysis of driving and hindering factors; OT is mainly used to analyze external conditions, i.e., focusing on the influence of politics, economy, culture, environment, etc., on HCM. It is also analyzed based on four dimensions: leverage, inhibition, vulnerability, and problematic, which provide the basis for strategies to promote HCM. Through SWOT-CLPV analysis, the elements' dynamic changes are analyzed using the inter-transformational relationship among the four factors. Compared with the traditional SWOT model, the SWOT-CLPV model integrates qualitative and quantitative analysis, which can explain the problems better, facilitate the formulation and implementation of problem-oriented policies.

Methods

Theories of SWOT-CLPV Model

In the 1980s, Heinz Wcihrich, a management and behavioral sciences professor at the University of San Francisco, created the SWOT matrix, which is now widely used in the strategic planning area of the business. The SWOT model focuses on qualitative research and needs to be revised because it does not capture the key factors affecting business development. The SWOT-CLPV model is an extension of the SWOT matrix, which is mainly based on the SWOT model to analyze the control (C), leverage (L), problematic (P), and vulnerability (V) arising from the interactions between the internal strengths (S) and weaknesses (W) of the object of study and the external opportunities (O) and threats (T), respectively (Chan, 2005). When internal strengths are aligned with external opportunities, there is a leverage effect; when internal weaknesses meet external opportunities, the internal weaknesses affect the utilization of the external opportunities, and the opportunities are inhibited, resulting in inhibition; when external threats meet inner strengths, the internal strengths are weakened, resulting in vulnerability; and when external threats meet internal weaknesses, there are significant problems, resulting in problematic issues (Figure 1). (Shao, et al., 2019) .



(sources: Shao & Xu (2019). Evaluation of "healthcare integration" service model based on SWOT-CLPV model in Shandong Province. China Public Health, 35(7), 910-914.)

Sometimes, a certain variable and factor in the environment is an opportunity for one business and a threat for another. In applying the four theoretical concepts of leverage (L), control (C), vulnerability (V) and problematic (P) in SWOT analysis, the dynamics involved should be fully recognized. The transformation of strengths and weaknesses, opportunities and threats.This is because the loss of opportunity means that the environment changes from an advantage to a disadvantage. The absence of threats means the emergence of certain opportunities. The SWOT-CLPV model better shows the inter-transformation relationship between these four factors. The SWOT-CLPV model is more practical, clearer and stronger than the SWOT model. This method of analysis is a way to analyze the reality of a combined healthcare service model in a more tolerant and accurate manner. Using this method, you can find out what is favourable to you and what you should build on, what is unfavourable to you and what you should avoid, identify existing problems, find solutions to them, and determine the direction of your future development.

SWOT-CLPV Analysis of the Hospital-Community-Family Cooperation Model In China

The HCM is an innovative approach to providing care for the elderly. between family care and institutional care, which takes the community as a platform and, through the integration of community resources, provides medical and nursing services for home-bound elderly people who can take care of themselves or partially take care of themselves. Through literature

review and comparative analysis, HCM is summarized with 3 advantages, 4 disadvantages, 3 opportunities and 4 threats, Figure 2.

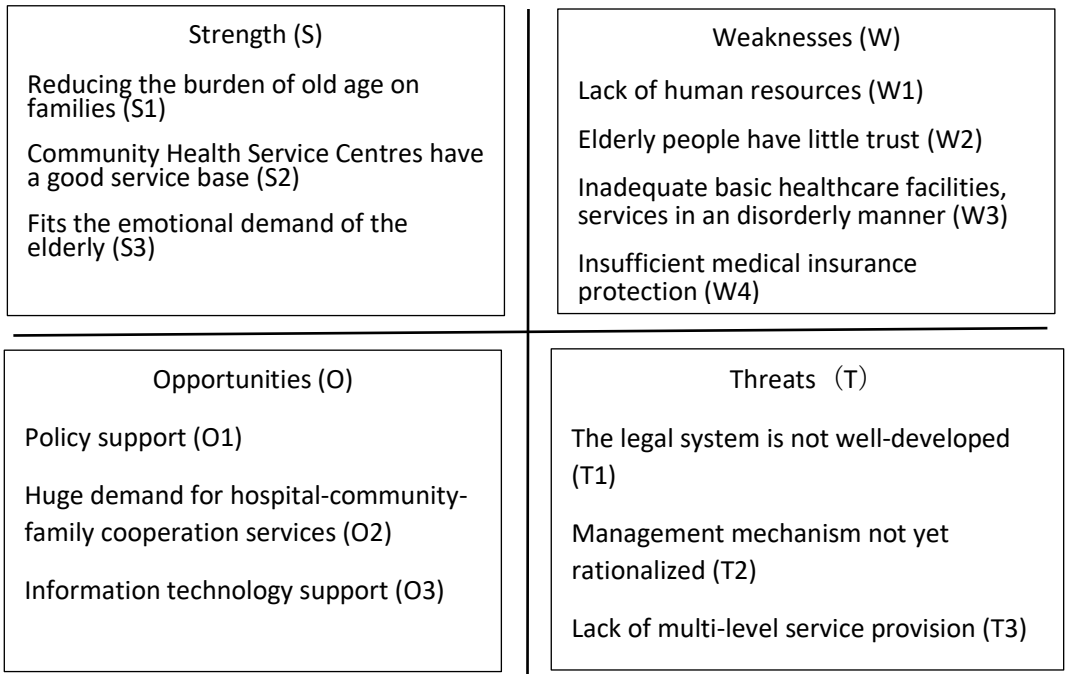


Figure 2 SWOT model for the hospital-community-family cooperation model

Strengths (S1)

Reducing the Burden of Old Age on Families (S1)

Influenced by traditional culture, since ancient times China has taken family old-age care as the main mode, but with the economic and social transformation and the emergence of empty-nest families, the traditional function of family old-age care has gradually weakened. After the transformation of society, the responsibility for old-age care has gradually shifted from the family to society. However, China entered the ageing society under the situation of an underdeveloped economy, the limited financial resources of the state, the low level of social welfare, and the insufficient entry of social capital, resulting in the insufficient number of social institutions for the elderly, the lack of resources, and the slow development of the traditional institutions for the elderly can not satisfy the high level of quality of life of the elderly. Therefore, the HCM emerges in response to the needs of the times.

Community Health Service Centres have A Good Service Base (S2)

Since their inception, community health service institutions have carried out preventive, health-care and rehabilitation services, etc. The new healthcare reform program launched in 2009 increased investment in basic public health services, with community health service centres being the main providers, further emphasizing their health management function and making older persons one of the key groups to be managed. Community health services are characterized by their proximity to the elderly, a combination of prevention and treatment, and comprehensive services, and they have the advantage of professionalism and accessibility in undertaking medical and health services for the elderly living at home; the health records of the elderly and the management of chronic diseases among them that have been established over the years provide a good foundation for the development of HCM.

Fits the Emotional Demand of the Elderly (S3)

Community-based ageing in place is a new form of transmission of China's age-old culture of filial piety, and from an ethical point of view, it is also a relatively acceptable way of ageing for the elderly. The HCM greatly reduces the cost of ageing for both families and society. For families, it reduces the time cost of home care or the extra cost of hiring a home caregiver, thus reducing the burden on the family and saving the family's expenses. For society, The HCM reduces the overall healthcare expenditure of the elderly.

weaknesses (W)

Lack of Human Resources (W1)

The late start of the HCM, heavy tasks, low remuneration, and poor social awareness have determined an extreme imbalance between the supply and demand of healthcare personnel for community-based elderly care services in China. If community health service centres are not adequately equipped with their human resources, they will face great challenges in carrying out HCM work. Part of the work of the elderly at home is entrusted to the community health service centre, although it can make full use of community medical resources, at the same time needs to consider the supply of corresponding supporting resources. Relying on the existing contracted service team to undertake home care services will increase the already saturated workload, and care services are not the same as medical services, but still require relatively professional staff, with the quantity and quality of professional medical staff being the decisive factors.

Elderly People have Little Trust (W2)

Public health services provided to a specific community in China started late and developed relatively slowly, and the quality and assessment of home Medical services and the content and standards of those services are unclear. At the beginning of development, due to a lack of trust in community health service providers, the utilization rate of services has consistently remained low over the years. Despite the increased focus on the ability of local communities to deliver essential public health services in the recent wave of healthcare reforms starting in 2009, challenges have arisen during the implementation process. it has been difficult to gain the full recognition and trust of older persons, and development has remained difficult.

Inadequate Basic Healthcare Facilities and Failure to Connect Various Services in an Orderly Manner (W3)

Community health service centres are the core and foundation of the health system and are usually equipped with only the most basic nursing, rehabilitation and diagnostic facilities. Although there is a great demand for integrated healthcare services for the elderly living at home in the community, there is a lack of HCS provision and the various types of HCS are not connected in an orderly manner.

Insufficient Medical Insurance Protection (W4)

In most areas of China, medical insurance does not cover home healthcare, and the same is true . In some pilot cities for long-term care insurance, long-term care insurance is also more inclined to elderly persons with disabilities, and coupled with the lack of a clear perception of the new phenomenon of home healthcare, elderly people's preferred choice is still inpatient care when they need medical treatment. Institutional care occupies a dominant position in China's MECM system, and the pilot practice of MECM carried out in China also focuses on

institutional care. This is not compatible with China's ”home-based, community-based, institutional supplemented” elderly service system. Bringing social and market forces into play and strengthening the capacity of medical and health services under the HCM is the key to improving HCM.

Opportunities (O)

Policy support (O1)

In order to respond positively to the aging of the population and to properly address the problems of elderly care and medical care for the elderly, the State actively encourages, from a policy perspective, the development of HCM.

Huge Demand for Hospital-Community-Family Cooperation Services (O2)

As a result of the impact of conventional beliefs, the family is the core of Chinese people's lives, and people in their old age are even more reluctant to leave their familiar environments. Therefore, there is a huge demand for HCM for the elderly, which has resulted in a low utilization rate of elderly care institutions in some areas.

Information Technology Support (O3)

With the development of new technologies such as the Internet, the Internet of Things and big data, rapid progress has been made in the construction of health management information systems, which can provide health monitoring and other services for elderly people living at home and can alleviate the problem of insufficient human resources in community health service institutions. It’s also gradually building an integrated network service system of home, community, and primary care institutions.

Threats (T)

The Legal System is not Well-Developed (T1)

The HCM has major advantages in terms of cost and convenience, but the construction of the relevant legal system is not yet perfect, and home health care services lack legal protection. Under the current law, in the event of errors or disputes in home health care, medical personnel are not legally protected.

Management Mechanism Not Yet Rationalized (T2)

The HCM is still in the exploratory stage, and community health institutions and service agencies are reluctant to sign service contracts with home care centres or home-bound elderly people to avoid risks. At the same time, many of the home-based treatment program fee mechanisms have not been rationalized, sometimes faced with the elderly at home are willing to buy services, institutions are willing to provide services, but do not meet the relevant provisions of the pricing department and can not complete the service of the embarrassing situation. China National Committee on Ageing is responsible for organizing and implementing community-based home care services, while medical and health institutions are recognized and controlled by the health sector, the social security sector is in charge of managing medical insurance payment. All of the above departments are stakeholders in the HCS, and due to factors such as administrative division, insufficient communication and coordination, and financial fragmentation, it is difficult to form a synergy between the different departments, which indirectly affects the improvement of the quality of nursing care and medical services.

Lack of Multi-Level Service Provision (T3)

With the improvement of living standards and the enhancement of health literacy of some of the elderly , the demand for nursing care services and rehabilitation services for some disabled and semi-disabled elderly people has increased, and the demand is highly differentiated, but most of the community health service organizations are still confined to the framework of the basic public health services, which makes it difficult to satisfy the multilevel needs of the elderly.

Slow Informationisation (T4)

In less developed regions, the construction of service information networks for all parties is lagging, community health institutions have failed to establish dynamic health management files for older persons living at home, and some community files have not been updated for a long time and have become dead files. The information resources of health departments, civil affairs departments, Community-based sector and not effectively integrated, and information sharing between tertiary hospitals and community health service organizations has not been achieved. Most community health service institutions do not have integrated health care services such as online booking, online inquiry and online consultation. The backwardness of the information network construction makes multiple departments repeatedly come to collect information, which not only wastes human and material resources but also brings a burden to the residents, at the same time, the underutilization of information in various departments also reduces the people's trust and recognition.

Leverage (L) Analysis

Leverage is mainly used to analyze internal strengths and external opportunities that can produce joint effects and maximize their effects, and to find internal strengths and external opportunities that do not work and propose solutions. According to the results of the analysis, the most important opportunity to be exploited by the HCM is O1, with a leverage effect of 3 L. Specifically, policy support plays a significant role in the development of the HCM. Among the internal advantages of the HCM, S3 has the greatest leverage effect of 3L, which needs to be utilized to meet the emotional needs of the elderly (Table 1).

Table 1
SWOT-CLPV Model Leverage and Control Analysis of HCM

NO.	Opportunities (O)			total
	O1	O2	O3	
Strength (S)				
S1	L	L	--	2L
S2	L	--	L	2L
S3	L	L	L	3L
Weaknesses (W)				
W1	--	C	C	2C
W2	C	C	--	2C
W3	--	C	C	2C
W4	--	C	C	2C

Control (C) Analysis

Control analysis focuses on analyzing which internal weaknesses of The HCM control external opportunities and generate the most control, and which weaknesses are not worth worrying

about, to propose a basis for internal corrective measures in the sector. According to the results of the analysis, O2 is most likely to be inhibited by internal weaknesses, with an control of 4 C. Specifically, each weaknesses has an inhibitory effect on the huge demand for the HCM, and external threats all generate an control of 2 C, reflecting that some internal weaknesses will instead fade away as external opportunities arise (Table 1).

Vulnerability (V) Analysis

Vulnerability analyses which threats to the HCM are the most serious and which are the least serious. After being threatened, which internal strengths can work and which internal strengths cannot work, providing a basis for strategic adjustment of The HCM. The results show that T4 brings the least vulnerability, 2V; T1, T2, and T3 vulnerability is the same, and all are 3V. Due to the influence of external threats, the vulnerability of internal strengths S1 and S2 is 4V, which makes it difficult to play their advantageous roles. Specifically, HCS facilities are constantly being supplemented and improved, and the cost of HCM is decreasing to promote the healthy development of community home care service, however, the threatening factors such as imperfect construction of the legal system, the management mechanism has not yet been straightened out, the lack of multi-level service provision, and the slow construction of information technology, have led to a slowdown in the development of community home care service (Table 2).

Table 2
SWOT-CLPV Model Vulnerability and Problematic Analysis of the Hospital-Community-Family Cooperation Model

NO.	Threats（T）				total
	T1	T2	T3	T4	
Strength (S)					
S1	V	V	V	V	4V
S2	V	V	V	V	4V
S3	V	V	V	--	3V
Weaknesses (W)					
W1	--	--	P	P	2P
W2	P	P	P	--	3P
W3	P	P	P	P	4P
W4	P	P	P	--	3P

Problematic (P) Analysis

The problematic analysis focuses on whether the internal weaknesses and external threats to the HCM have interacted with each other to produce worse effects. The results of the analysis show that W3 is the greatest weaknesses of The HCM, generating a problem of 4P, and T3 is the greatest threat to home healthcare, also generating a problem of 4P. Specifically, the inadequacy of basic healthcare facilities in the community, and the failure of various types of HCS to connect in an orderly manner, generate the worst problems for the HCS. The elderly have a huge demand for the HCS, but the HCS provided by the community cannot meet this huge demand, and the provision of multi-level HCS is even more inadequate, which has laid a hidden danger for this kind of HCM.

Overall, there are more problematic than leveraging effects, suggesting that the combination of unfavourable factors and its own strengths and weaknesses faced by in developing the HCM produces a more problematic posture than the leveraging effects brought about by the

combination with external opportunities. In addition, the internal weaknesses factors have a significant control effect on the external opportunities for the development of HCS, which restricts the speed of its development. Inadequate basic medical and nursing facilities for the HCS, the failure to connect various types of services in an orderly manner, and the lack of multi-level service provision are the main problems facing the development of HCS in China.

Conclusions

The study finds that the combination of unfavourable factors and its own strengths and weaknesses faced by in developing the hospital-community-family cooperation model produces a more problematic posture than the leveraging effects brought about by the combination with external opportunities. The internal weaknesses factors have a significant control effect on the external opportunities for the development of the hospital-community-family cooperation model, which restricts the speed of its development. Inadequate basic medical and nursing facilities for community-based home care services, the failure to connect various types of services in an orderly manner, and the lack of multi-level service provision are the main problems facing the development of the hospital-community-family cooperation model in China.

Recommendation

By analyzing the HCM through the SWOT-CLPV analysis, the present study gives the following recommendations.

Solve the Problem of Multiple Management and Reduce the Cost of the Hospital-Community-Family Cooperation Model

At present, government attaches increasing importance to the HCM, and the support for the HCM, is increasing year by year, but there are still certain problems in how to ensure the smooth implementation of these policies. The smooth implementation of HCM requires the joint promotion of several departments such as the Healthcare Commission, the Ministry of Human Resources and Social Affairs, and the Civil Affairs Bureau, etc. Relevant departments should strengthen their cooperation, clarify the main jurisdictions of HCM institutions, and carry out specialised management to solve the problem of multi-headed management. As China entered the ageing stage at a time before it had attained the status of developed nations and when the old-age security system was not yet sound, the source of funding has become the core issue at present, and the current financing channels are relatively single. Therefore, the Municipal Government should build a long-term care insurance system while also increasing support for HCM. To guarantee the safety of funds, it is necessary to carry out in-depth analyses of data on funding, use and flow of funds, and comprehensively assess the risk-resistant ability and financial capacity of the funds. Explore multiple funding channels to provide financial security for HCM. Under the pressure of accelerated population ageing and an increasing number of chronic patients, it is particularly important to explore a system of insurance that provides coverage for HCS long-term care. Pilots such as Shanghai have explored the inclusion of medical institutions and home hospital beds within elderly care facilities in the medical insurance settlement, which is conducive to meeting the medical needs of the elderly as well as integrating the use of resources for medical and elderly care services.

Establishment of the Hospital-Community-Family Cooperation Model Team

Various measures need to be taken to provide manpower security for HCS, attract talents, retain and make good use of existing talents, and establish HCM teams. The main measures are: firstly, adjusting the staff structure, appropriately increasing the proportion of nursing staff, rehabilitation doctors and psychologists; secondly, establishing medical consortiums with tertiary hospitals, so that contracted elderly people can enjoy priority appointments, referrals, hospitalizations, and follow-up services with contracted doctors, and so that tertiary hospitals can obtain a source of patients from the grassroots level, and ultimately, forming a balanced benefit for both tertiary hospitals and community health service institutions, At the same time, the further education and training in tertiary hospitals can also promote the ability of community health service personnel; third, gradually improve the incentive mechanism for family doctor contracted services, and formulate a scientific performance appraisal program to stimulate the enthusiasm of medical and nursing personnel; fourth, promote the professional construction of the gerontological nursing talent team, and the relevant departments should increase the training of relevant talents in the health care institutions, including medical personnel, management personnel and nursing staff. The relevant departments should increase their efforts to receive training for medical and nursing personnel, management personnel and carers, to provide manpower support for the development of HCM, and create a professional service personnel team.

The Hospital-Community-Family Cooperation Model Publicity

The current lack of understanding of HCM has led to the model's small scope of influence, which affects its development to a certain extent. The state should increase publicity efforts to improve public awareness of HCM and change public attitudes to expand demand. Firstly, the target group should be clearly defined; secondly, the market positioning should be clearly defined, and the target market should be effectively selected. Any market consists of supply and demand, and so does the elderly market. Elderly people in different economic conditions and at different social levels have different needs for senior care services. American market scientists have put forward the theory of market segmentation, which refers to the process of dividing an overall market into several submarkets according to consumer demand. Through market segmentation of the elderly, HCM can clarify its service objectives, change the single service delivery method, categorize the elderly according to their health status, economic status and other factors, and provide different services to different types of elderly people.

Establishment of A Sound Legal and Regulatory System

Provide an institutional guarantee for HCM sound legal and regulatory system is an initiative to safeguard the rights and uphold the interests of both doctors and individuals seeking medical treatment, standardize the service process and improve the quality of service. Firstly, the legal status of door-to-door service should be determined on the premise of clarifying the scope of door-to-door service and service indications, as well as ensuring the safety of the service; secondly, the management of nursing institutions and home beds should be standardized, and the management of the service content, service process and medical instruments of the beds should be strengthened; thirdly, the scope and authority of the use of medication in institutions, communities, and home beds should be strictly limited. At the same time, the role of supervision and regulation should be strengthened so that medical personnel can provide medical, preventive, healthcare and rehabilitation services to the elderly within the legal framework.

Strengthening the Construction of an Information Network

Information network construction should be strengthened at the government level to build a medical service database for the integration of medical care and maintenance, integrating health information and data related to medical services and improving the information platform. Community health service institutions should combine the dynamic management of health records and community diagnosis to understand the needs and use of medical and health services by the elderly, analyze the reasons for the differences between the three, and adjust the service structure so that the elderly's demand for medical and health services can be transformed into the use of community medical services. In addition, it's necessary to achieve regional sharing of health information, break down the barriers that prevent the sharing of diagnosis and treatment information and residents' health information between higher-level hospitals and community health service organizations, and promote the implementation of graded medical assessment and therapy. At present, hierarchical diagnosis and treatment and HCM have not yet achieved the expected results in most regions, the main reason being that the two sides have not found an equilibrium of interests and have not achieved benefit sharing. Analyzed from the perspective of the game, the higher-level hospitals, although overcrowded, would rather add beds to keep patients without affecting the turnover of beds, and have no incentive to transfer patients downward, while the primary health care institutions, due to the lack of resources, are unable to control the flow of patients' medical treatment and are therefore always on the weaker side in this game. Community health service institutions can take the elderly service population as a breakthrough, under the premise of dynamically grasping their health status, through the provision of active, continuous health management and diagnostic and treatment services, to enhance the elderly's trust in community health services and utilization, and to enhance the ability to deploy resources, to make the game to achieve a new balance, to promote the realization of the hierarchical diagnosis and treatment and to promote the better development of community health services.

Strengthening Social Forces to Run the Hospital-Community-Family Cooperation Model

First, faced with the pressure of survival and competition, HCM institutions run by social forces must constantly standardize the management of their organizations with modern and scientific enterprise management methods, so that they can better adapt to the current competitive market environment. Secondly, strengthen the management of information-based services and establish personal electronic service files and health files for each elderly service recipient in need, recording the basic living information, physical condition and essential services that are pertinent to the needs of every aged individual. Thirdly, as living standards become increasingly high, the demand for elderly services among some older persons is also rising; such institutions should segment the market for elderly consumers according to their size and grade of service, identify their target consumer groups, and provide appropriate, personalized services to meet the needs of older persons at both the material and the spiritual levels.

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