

# Research on the Development of a New Model of Community-Mediated Accompanied Medical Care for the Elderly

Meiwen Wang<sup>1</sup>, Jing Shen<sup>2\*</sup>, Xiaoyu Zhang<sup>3</sup>, Mengtong Yan<sup>4</sup>

<sup>1</sup> Beijing City University, Beijing 100000, China; 2263434542@qq.com

<sup>2</sup> Beijing City University, Beijing 100000, China; shenjing6688@163.com

<sup>3</sup> Beijing City University, Beijing 100000, China; 3663471768@qq.com

<sup>4</sup> Beijing City University, Beijing 100000, China; 2335578269@qq.com

## \* Correspondence:

Jing Shen

shenjing6688@163.com

*Received: 5 January 2025/Accepted: 18 March /Published online: 25 March 2025*

## Abstract

This paper aims to explore a new model of community-mediated accompanied medical care services for the benefit of the elderly. Through an analysis of the background, including national policies, the current status of population aging, and the development of the accompanied medical care industry, the advantages of the project are expounded. The research process and results of the project, including the development status of community accompanied medical care services, the wishes of residents, and the situation of accompanied medical care institutions, are introduced in detail. A new model for the benefit of the elderly and its implementation path are proposed. The scientific nature, feasibility, and social value of the research results are discussed. The problems that need attention during the implementation of the project are analyzed, and the future development direction is prospected, providing a reference for solving the medical care problems of the elderly and promoting the development of the accompanied medical care industry.

**Keywords:** Accompanied Medical Care; Community Services; Medical Assistance

## 1. Introduction

In the current social development process, the problem of population aging is becoming increasingly severe and has become a global challenge. As one of the countries with a relatively high degree of population aging in the world, China is facing enormous pressure in providing for the elderly. In this context, elderly care services have become the focus of social attention, and the medical care problems of the elderly are particularly prominent. The accompanied medical care service has emerged as a new model to solve this problem.

Currently, national policies support the development of elderly care services. Against the backdrop of an aging population, the "Report of the State Council on Promoting the Construction of the Elderly Care Service System and Strengthening and Improving the Care Work for Disabled Elderly" emphasizes the importance of developing elderly care services. The Third Plenary Session of the 20th CPC Central Committee also clarifies relevant policy mechanisms (Lu, 2024). An article in People's Daily points out that efforts should be focused on the reform of grassroots governance, the construction of an elderly care service system should be promoted, the problem of medical assistance for the elderly should be solved, and the development of the silver-haired economy should be facilitated. The development of home-based care for the elderly has brought about difficulties in medical care. According to data from the National Bureau of Statistics, the proportions of the population aged 60 and above and 65 and above are increasing. At least in the next five years, this trend will continue and the growth rate will accelerate (Kuang & Wang, 2024). Home-based care for the elderly has become a new socialized elderly care service model to address population aging (Gong, 2019). However, the elderly face difficulties in seeking medical treatment when receiving home-based care. Although some communities in Beijing have piloted accompanied medical care services for the elderly thanks to government investment and hospital cooperation, generally speaking, the specialization and popularization of community accompanied medical care services are low. Most of the services are provided voluntarily by staff, and a complete service system has not yet been formed. With the improvement of medical technology and services, the accompanied medical care industry has emerged and has become a new force in the medical and health field, attracting widespread attention from society.

To address these problems, it is urgent to explore an innovative and sustainable model of accompanied medical care for the elderly. The new model of accompanied medical care for the elderly mediated by the community can give full play to the advantages of the community in being close to residents and understanding their needs, integrate community resources, and build a bridge between the elderly and accompanied medical care institutions. It is expected to provide new ideas and methods for solving the medical care problems of the elderly and promoting the development of elderly care services. This study will deeply explore the feasibility, implementation path, and potential impact of this model, contributing to the construction of a more complete elderly care service system.

## **2. Research on the Three Parties Involved in the New Model**

### **2.1. Community Survey Results**

We learned about the community accompanied medical care services by asking community workers. Some family members of the elderly in the community asked about accompanied medical care services. However, there is currently no systematic process. Community workers dare not accompany the elderly to seek medical treatment alone without proper authorization. Without formal contracts, they need to bear risks. Moreover, community workers have their own jobs and cannot leave their posts many times to accompany the elderly to go out for medical treatment. If there are formal and professional accompanied medical care institutions, the

community is willing to act as a bridge, which can not only solve the elderly's demand for accompanied medical care but also provide a stable customer source for accompanied medical care institutions.

## **2.2. Survey Results of Residents' Wishes**

### **(1) Market Status and Demand Analysis**

Through market research, 70% of the respondents are aware of accompanied medical care services, and 74% have had the experience of needing accompanied medical care services, indicating that most people have a relatively high demand for accompanied medical care services, reflecting the need for such help in medical care. The main reasons for this situation are the growth of demand in the context of aging, the contradiction between busy family members and tight medical resources, the increasing demand for service quality, and the wide range of demands across age groups and regions.

### **(2) Analysis of Residents' Demand for Accompanied Medical Care Services**

The survey shows that residents' demand for accompanied medical care mainly lies in its convenience. Accompanied medical care services can assist patients in completing procedures such as registration, picking up medicine, and examinations, reducing the time patients spend running around in the hospital and making the medical treatment process smoother. Accompanied medical care providers have certain medical knowledge and can provide professional advice and help during the medical treatment process. For example, in terms of understanding diseases and choosing drugs, they can provide valuable opinions for patients.

### **(3) Analysis of the Promotion Methods of Community Accompanied Medical Care Services**

The survey shows that most residents are willing to have accompanied medical care services in the community, and the preferred method is online reservation. This indicates that in the later stage, a QR code can be established, and a community official account can be opened to promote such services and conduct forwarding and publicity. Residents can directly scan the code to make an appointment for accompanied medical care providers of their choice and select a time period for their parents or family members.

## **2.3. Survey Results of Accompanied Medical Care Institutions**

Through communication with accompanied medical care institution personnel, it is learned that their current publicity channels are mainly various platforms. Therefore, they are very eager to cooperate. This can not only promote common development but also promote the development of the industry. From the perspective of profitability, this project can bring a broader customer source for them. Since the customers are in the community, long-term cooperation is possible, which is conducive to establishing a trust relationship.

### 3. Proposal of a New Model of Community-Mediated Accompanied Medical Care for the Elderly

We propose a new model for the benefit of the elderly, which mainly uses the community as a medium to connect elderly residents and accompanied medical care institutions. First, the elderly can feedback their needs for accompanied medical care to the community through various channels. The community classifies and integrates the needs of the elderly, verifies them one by one, and clarifies the details. Then, the community sends out cooperation invitations to accompanied medical care institutions. The accompanied medical care institutions submit their cooperation intentions. The community conducts qualification audits and signs a liability statement and a guarantee letter with high-quality institutions to finally establish a cooperation relationship. Finally, the accompanied medical care institutions provide accompanied medical care services to community customers, and the community conducts supervision and evaluation.

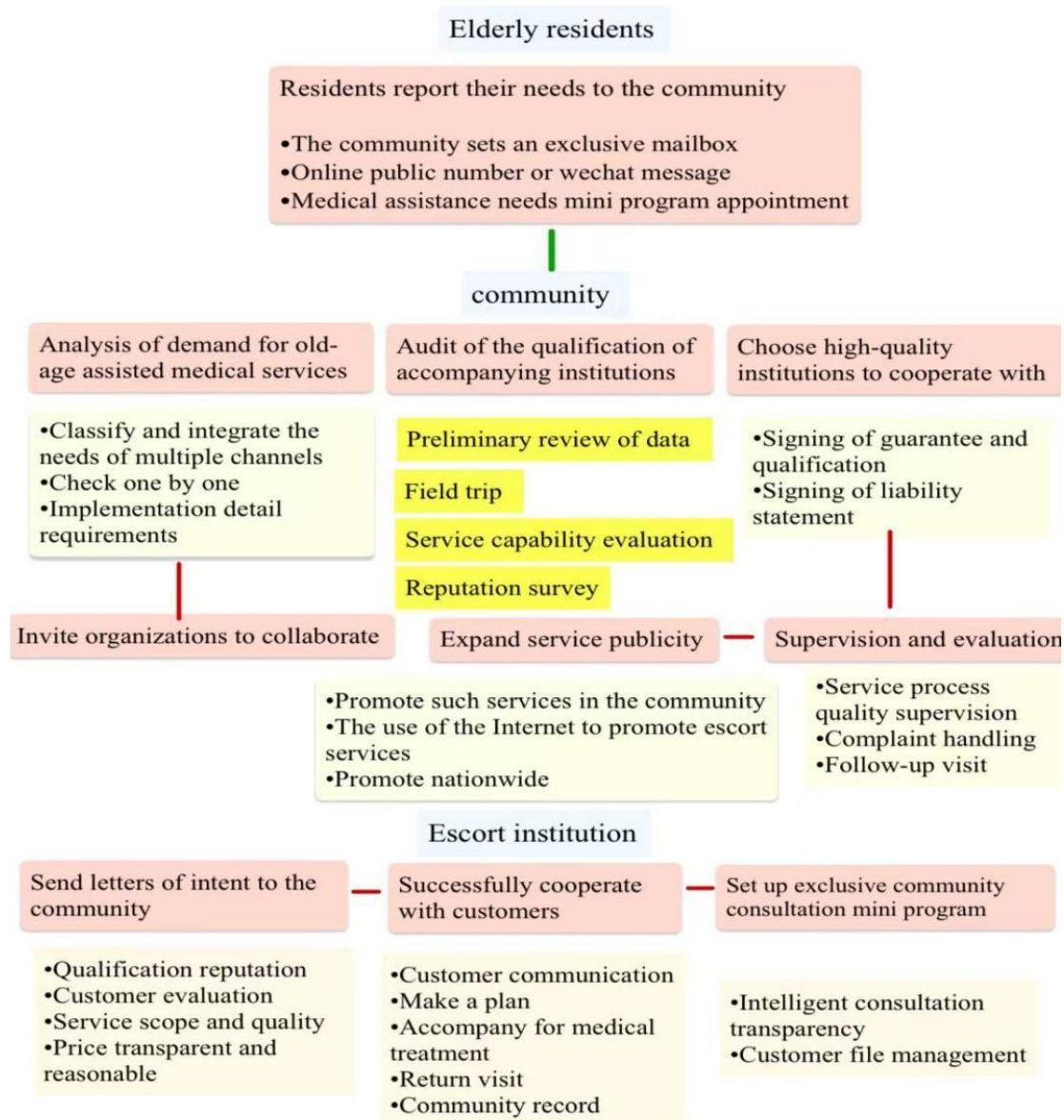


Figure 1. Diagram of the New Model of Community-Mediated Elderly Care and Benefit

### **3.1. Implementation Contents of the Three Parties in the New Model**

#### **3.1.1. Elderly Residents**

The elderly can submit their needs and requirements for accompanied medical care to the community by putting them in the community's exclusive mailbox, leaving a message on the official account or WeChat of community workers, or making an appointment on the medical assistance applet (Peng, 2019).

#### **3.1.2. Community**

- (1) Analyze the collected needs of residents for accompanied medical care. Classify, integrate, and verify the needs from multiple channels one by one, and clarify the details.
- (2) Send out cooperation invitations to accompanied medical care institutions. Publish cooperation invitations to accompanied medical care institutions on various platforms and channels.
- (3) Conduct qualification reviews of accompanied medical care institutions willing to cooperate. Conduct preliminary document review, on-site inspections, service ability assessments, and reputation investigations.
- (4) Select high-quality institutions for cooperation. Sign guarantee letters and qualification certificates with the institutions, and sign liability statements with the accompanied medical care institutions and residents.
- (5) Supervise and evaluate the accompanied medical care process. Continuously supervise accompanied medical care institutions to promptly identify various problems and better serve residents.
- (6) Timely collect feedback on residents' satisfaction. Understand residents' satisfaction with accompanied medical care services and look for deficiencies.
- (7) Expand service promotion. Promote such services within the community, use the Internet to publicize the situation of accompanied medical care services, and conduct national promotion.

#### **3.1.3. Accompanied Medical Care Institutions**

- (1) Submit a cooperation intention letter to the community. Indicate their qualifications, reputation, customer evaluations, service scope, service quality, service price, institutional advantages, and professional information of accompanied medical care providers.
- (2) Receive customers after successfully cooperating with the community. Communicate with customers, formulate targeted plans for different customers, do a good job in follow-up visits, and file in the community.
- (3) Supervise the work of accompanied medical care providers. Prevent situations that are unfavorable to residents.
- (4) Set up an exclusive community accompanied medical care applet. Make accompanied medical care services transparent.
- (5) Ensure the security of residents' personal information. Prevent the leakage of residents' personal information to make residents and the community feel at ease.

### **3.2. Advantages of the New Model of Community-Mediated Accompanied Medical Care**

The development of the accompanied medical care industry is an inevitable trend of new industries in the future. Better developing elderly support in grassroots communities is the development orientation of the country. This project benefits all three parties and truly reflects the needs of the elderly (Wang et al., 2024). At the same time, it also provides development prospects for the accompanied medical care industry. Different accompanied medical care services are provided according to different needs. Combining accompanied medical care with the community also has a different development idea from the past.

## **4. Implementation Path of the New Model of Accompanied Medical Care for the Elderly**

### **4.1. Current Specific Implementation Path**

#### **4.1.1. Analysis of Elderly Care and Medical Assistance Service Needs**

##### **(1) Collect information through multiple channels**

Use various methods such as questionnaires, interviews, and community meetings to comprehensively understand the health status, medical care needs, and difficulties of the elderly in the community. For example, community workers can regularly contact the elderly or their family members in the community by telephone. For the elderly with limited mobility or special needs, the community can arrange staff to visit them at home. Design a special questionnaire and distribute it to the elderly or their family members through community bulletin boards, WeChat groups, etc. Use community websites or mobile application platforms to set up an online registration function for accompanied medical care needs to facilitate the elderly or their family members to submit accompanied medical care needs at any time.

##### **(2) Classify and integrate needs**

Classify and sort the needs of the elderly, such as routine medical care needs, emergency rescue needs, rehabilitation care needs, and mental health support needs. Therefore, the needs can be evaluated and ranked according to their urgency and importance to determine the service items that need to be prioritized.

#### **4.1.2. Qualification Audits of Accompanied Medical Care Institutions**

##### **(1) Preliminary document review**

Formulate a detailed "List of Application Documents for Accompanied Medical Care Institutions", clearly requiring accompanied medical care institutions to submit copies of business licenses, organization code certificates, tax registration certificates, and other basic certificates to prove their legal business qualifications. Require accompanied medical care institutions to provide copies of the qualification certificates of all employees, such as certificates of medical-related professional backgrounds and accompanied medical care service training certificates, to evaluate the relevant professional qualities of their personnel. In addition, accompanied medical care institutions need to submit detailed records of past service cases, including the basic information of service objects, service contents, service effects, and customer satisfaction



feedback, to examine their actual service capabilities.

#### (2) Service ability assessment

Conduct in-depth assessments of the service capabilities of accompanied medical care institutions through methods such as listening to the plan reports of accompanied medical care institutions, asking questions and answering them, and simulated scenario tests. The focus of the assessment is on the medical knowledge level, communication and coordination abilities, and emergency handling abilities of accompanied medical care providers.

#### (3) Reputation investigation

Query the enterprise credit information publicity system to understand whether accompanied medical care institutions have illegal or disciplinary records, administrative penalties, and other bad credit information. Use Internet search engines to collect online evaluations of accompanied medical care institutions. Focus on the real evaluations and complaints from customers and analyze their service quality and customer satisfaction. Communicate with the customers previously served by accompanied medical care institutions by telephone or face-to-face to understand their real feelings and suggestions about the services of accompanied medical care institutions.

### **4.1.3. Selection and Cooperation of Accompanied Medical Care Institutions**

According to the results of preliminary document review, on-site inspections, service ability assessments, and reputation investigations, the review team conducts a comprehensive assessment of accompanied medical care institutions. Set corresponding weights for each assessment dimension. For example, preliminary document review accounts for 20%, on-site inspections account for 30%, service ability assessments account for 30%, and reputation investigations account for 20%. Calculate the comprehensive score of accompanied medical care institutions based on their scores in each dimension. Rank accompanied medical care institutions according to their comprehensive scores. Select several accompanied medical care institutions with high rankings as cooperation candidates.

### **4.1.4. Optimization of the Process and Contents of Accompanied Medical Care Services**

#### (1) Basic accompanied medical care services

According to the requirements of the accompanied person, the accompanied medical care institution selects a suitable accompanied medical care provider from the professional accompanied medical care personnel pool. The accompanied medical care provider contacts the elderly or their family members in advance to understand the detailed medical care needs and precautions. At the same time, the accompanied medical care provider also needs to familiarize themselves with the department distribution and medical treatment process of the hospital in advance and plan the best medical treatment route. Within a certain period of time (such as 24 hours) after the accompanied medical care is completed, make a telephone return visit to the elderly or their family members to understand their physical recovery status and satisfaction with the accompanied medical care service (Yang & Yu, 2022).

## (2) Personalized services

Provide customized accompanied medical care services according to the special needs of the elderly, such as limited mobility, hearing or vision impairment. For example, assist in using a wheelchair and reading medical records aloud. For the elderly with chronic diseases, provide regular follow-up visit reminders and assistance services and help them establish health management files.

## (3) Value-added services

Hold health knowledge lectures to popularize the prevention, treatment, and rehabilitation knowledge of common diseases for the elderly. Provide rehabilitation training guidance to help the elderly perform appropriate rehabilitation training during the postoperative or disease recovery period. Cooperate with community medical institutions to establish a green referral channel for the elderly to ensure that they can receive timely treatment in emergency situations.

### **4.1.5. Supervision and Evaluation**

#### (1) Service quality supervision

Establish an evaluation mechanism for accompanied medical care services. After the accompanied medical care is completed, the elderly or their family members evaluate from aspects such as service attitude, professional level, and service effect. Evaluation methods can include questionnaires, telephone return visits, and online evaluations. At the same time, the community conducts irregular spot checks by following the on-site services, checking records, and communicating with service objects to check whether accompanied medical care providers serve according to the standardized process and can meet the needs of the elderly.

#### (2) Regular assessment and adjustment

Conduct a comprehensive assessment of accompanied medical care institutions every six months or one year. The assessment indicators cover service quality, customer satisfaction, complaint handling, and innovation ability. Based on the comprehensive evaluation of the assessment, excellent institutions are commended and rewarded, such as extending the cooperation period and increasing the number of orders. For institutions with poor performance, they are required to make rectifications within a time limit. If the rectification fails to meet the standards, the cooperation will be terminated. In addition, according to the changes in the needs of the elderly in the community and the development trend of services, adjust the requirements and cooperation strategies for accompanied medical care institutions in a timely manner to continuously optimize the service model and improve service quality and efficiency.

### **4.2. Long-Term Path Planning of the Model**

#### (1) Technological innovation and intelligent upgrading

Research and develop an intelligent accompanied medical care system: Invest resources to build a system integrating patient information management, accompanied medical care scheduling, service monitoring, and feedback collection to achieve accurate matching, improve efficiency, and collect data to optimize services.



**Integrate remote medical services:** Cooperate with medical institutions to integrate remote consultation and diagnosis into accompanied medical care. With the help of 5G, AI and other technologies, realize high-definition video calls and remote medical monitoring to reduce the number of times the elderly need to go to the hospital.

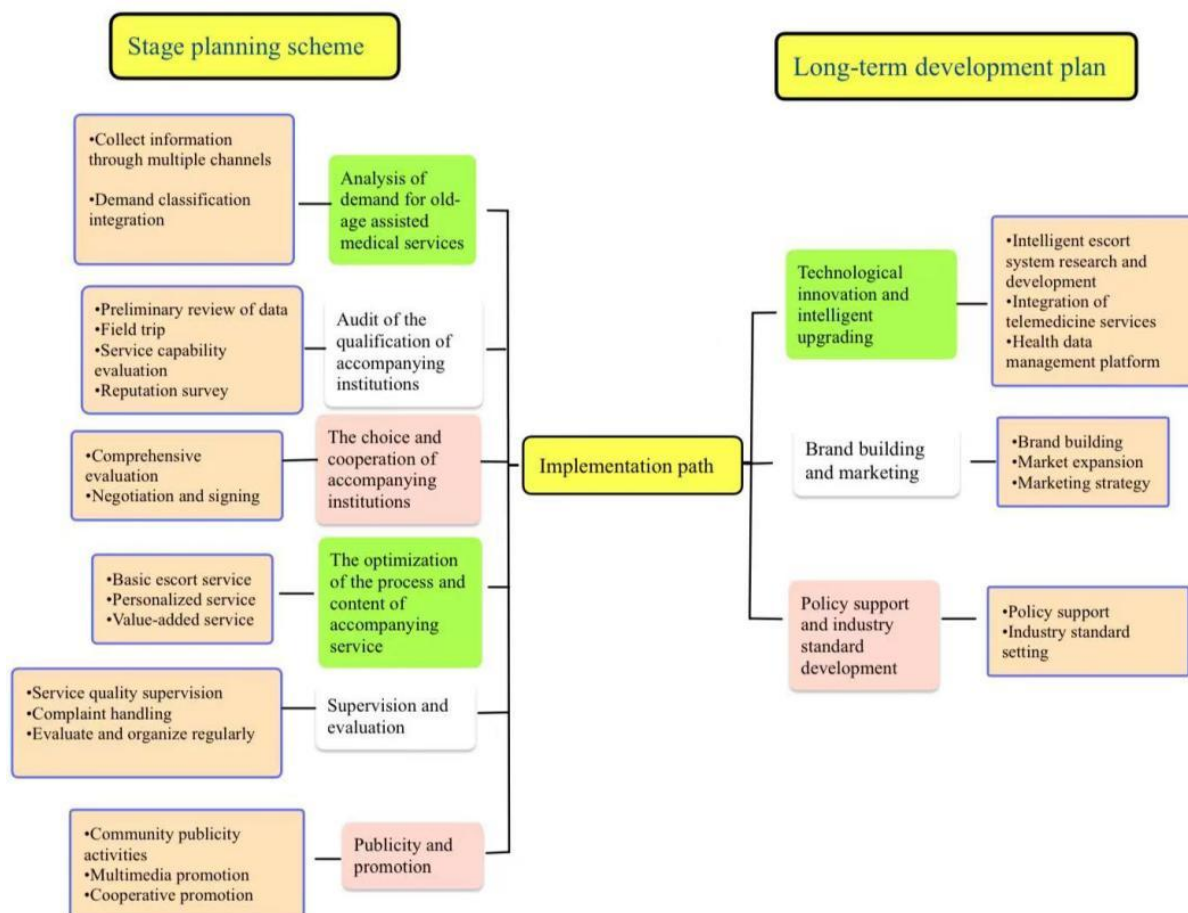
**Build a health data management platform:** Collect and analyze the health data of the elderly, such as physical examination reports and medical histories, to provide personalized health management and early warning.

## (2) Brand building and market promotion

**Brand building:** Establish a professional and reliable brand image with high-quality services and word-of-mouth. Strengthen publicity to enhance awareness and acceptance.

**Market expansion:** Consolidate the existing market and expand to surrounding areas and the whole country. Cooperate with medical institutions, communities, etc. to build an extensive service network.

**Formulate marketing strategies:** Launch preferential activities for the elderly and health-related public welfare activities to attract more elderly families to pay attention to and use accompanied medical care services.



**Figure 2. Implementation Path Diagram of the New Community-Mediated Elderly Assistance Model**

## **5. Practical Concerns and Strategic Suggestions of the New Model of Community-Mediated Accompanied Medical Care for the Elderly**

### **5.1. Practical Concerns**

(1) The standardized management standard system of the accompanied medical care industry is imperfect.

There are no specific regulations for accompanied medical care providers in Chinese laws, and accompanied medical care providers are not included in the national vocational qualification catalog (Shi, 2022). In practice, mature industry practices have not yet been formed. Accompanied medical care services involve multiple fields such as medicine and services, and there is currently no clear and unified supervision. There are potential risks in protecting the privacy of patients during the accompanied medical care process. Accompanied medical care providers will have access to a large amount of personal privacy information of patients, such as medical conditions, medical records, and contact information. There is a lack of strict privacy protection measures and norms, and there is a risk of patient privacy leakage (Wang, 2024).

(2) It is difficult for the community to screen accompanied medical care institutions

In terms of liability assumption, accompanied medical care institutions and the community need to have good consultations and sign a disclaimer statement with family members. The community needs to screen for residents. Therefore, the assessment of cooperative accompanied medical care institutions is very important. The accompanied medical care institutions chosen by residents are strictly screened by the community. If an unexpected situation occurs, the credibility of the community will be greatly reduced in the eyes of residents.

(3) Residents' trust in the accompanied medical care industry

Currently, as a new industry, the accompanied medical care industry has a low level of consumer trust. Since accompanied medical care services are directly related to the physical health and life safety of patients, consumers are usually cautious when choosing accompanied medical care services. However, there are many problems in the current accompanied medical care industry, such as unstable service quality and uneven quality of employees, which have led to a low level of trust of consumers in accompanied medical care services and have restricted the development of the industry to a certain extent.

### **5.2. Strategic Suggestions**

(1) Establish a standardized management standard system

Establishing a unified standard system for accompanied medical care services is the crucial first step in improving service efficiency and quality (Yang et al., 2024). The entry threshold for patient escorts is relatively low. Currently, the profession is mainly composed of part - time workers such as domestic helpers, nursing workers, and volunteers, who have limited professional skills. The service quality, quality, and ability of practitioners vary greatly, and there is also a lack of a unified training mechanism for the industry workforce. It is recommended to accelerate the formulation of industry standards for the patient escort profession (Wang, 2024). It is

recommended that the government improve laws and regulations and promulgate specific laws and regulations for accompanied medical care services as soon as possible to clarify the legal status of accompanied medical care services, the qualification requirements, rights and obligations of practitioners, etc., so as to provide a legal basis for the development of the industry.

(2) The community should establish an information database of accompanied medical care institutions

The community can actively collect information about regular accompanied medical care institutions in the surrounding area or after screening, including institutional qualifications, service contents, personnel allocation, charging standards, user evaluations, etc., establish a detailed information database, and publicize and promote it within the community to facilitate residents' query and selection. Through questionnaires, door-to-door visits and other methods, understand the demand situation of community residents for accompanied medical care services, including the characteristics of the population in need of accompanied medical care, service item requirements, expected prices, etc., and recommend appropriate accompanied medical care institutions based on the research results.

(3) Regulate market competition and enhance consumer trust

Regularly hold accompanied medical care service supply and demand matchmaking meetings or lectures, invite accompanied medical care institutions to the community for on-site introduction and promotion, allow residents to communicate with accompanied medical care institutions face to face, enhance mutual understanding, and also facilitate residents' comparison and selection.

## 6. Conclusion

This new model of accompanied medical care services for the elderly mediated by the community is scientific, feasible, and of high social value. It has a positive effect on meeting the needs of the elderly, improving community grassroots governance, and promoting the development of the accompanied medical care industry. Therefore, it may be promoted and implemented nationwide in the future.

### Author Contributions:

Conceptualization, M.W and J.S.; methodology, M.W and J.S.; software, M.W and M.Y.; validation, M.W and J.S.; formal analysis, M.W and M.Y.; investigation, M.W and M.Y.; resources, X.Z and J.S.; data curation, X.Z and M.Y.; writing—original draft preparation, M.W and J.S.; writing—review and editing, M.W and J.S.; visualization, M.W and J.S.; supervision, X.Z and J.S.; project administration, M.W and J.S.; funding acquisition, X.Z and M.W. All authors have read and agreed to the published version of the manuscript.

### Funding:

This research received no external funding.

**Institutional Review Board Statement:**

Not applicable.

**Informed Consent Statement:**

Not applicable.

**Data Availability Statement:**

Not applicable.

**Conflict of Interest:**

The authors declare no conflict of interest.

**References**

- Gong, X. D. (2019). Research on home-based elderly care platform based on intelligent services. *Intelligent Building & Smart City*, 5(04), 16-19.
- Kuang, P., & Wang, Z. (2024). The current situation, causes and countermeasures of the aging problem in China. *Modern Business Trade Industry*, 45(10), 230-256.
- Lu, Z. Y. (2024). Report of the State Council on promoting the construction of the elderly care service system and strengthening and improving the care work for disabled elderly. *Gazette of the Standing Committee of the National People's Congress of the People's Republic of China*.
- Peng, Q. Y. (2019). Exploration of community-based home-care service paths from the perspective of multiple entities. *Journal of Zhejiang Gongshang University*, (03), 101-108.
- Shi, Y. Q. (2022). Promote the sound development of the companion-medical-service industry. *People's Daily*.
- Wang, H. Y. (2024). Develop a professional patient escort team and standardize patient escort services. *Jiefang Daily*.
- Wang, X. Q., Hou, B. Y., & Wei, H. (2024). Patient escorts: Easing the burden of medical visits. *Henan Daily*.
- Wang, X. X. (2024). With a large market but much chaos, how can the companion-medical-service industry develop in a standardized way? *China Economic Times*.
- Yang, N., & Yu, Q. (2024). Research on the construction of elderly companion medical services under the background of healthy aging. In *Proceedings of the 6th Smart Hospital Construction and Development Conference in 2024*.
- Yang, Z. S., Liu, Y., Li, J. X., et al. (2024). Research on the standardized management system of accompanying services based on current situation analysis. *Brand & Standardization*, (05), 90-93.