

Research on the Optimization of the Investment Path of Senile Disease Prevention and Control Funds Based on the "Project System"



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Abstract: In the process of steadily increasing the amount of funds for the prevention and treatment of geriatrics, the model has become increasingly mature, the management has become increasingly standardized, and the contribution of the project system cannot be ignored. However, the limit of the using project system in the financial investment mechanism for the prevention and treatment of geriatrics is still obvious. The principle of "special funds" in the project system restricts the autonomy of the funds for the prevention and treatment of geriatrics in the hospital. The principle of "selecting the best" in the project system has triggered the "Matthew effect" in the development of the cause of geriatric prevention and treatment. Therefore, the upgrading of the project system is inevitable for the reform of the financing mechanism for the prevention and treatment of geriatrics in the new era. The future reform of the funding mechanism for the prevention and treatment of geriatrics can expand the use of funds in the project system; Improve the resource allocation efficiency of the project system by breaking the old and establishing the new; to improve the acceptance and evaluation criteria of the project system through rigidity and flexibility. While exploring the funds for geriatric prevention and treatment under the "project system", this paper focuses on the advantages, characteristics and laws of the funds for geriatric prevention and treatment under the "project system" background. Deeply explore and analyze the strategies and mechanisms of the funds for the prevention and treatment of geriatrics under the "project system", and on this basis, provide experience and reference for supplementing and improving the construction of the funds management system for the prevention and treatment of geriatrics.

Keywords: Investment Path; Senile Disease Prevention and Control Funds; Project System

DOI: [10.57237/j.wjmst.2022.01.004](https://doi.org/10.57237/j.wjmst.2022.01.004)

1 Introduction

The essence of the project system is the resource allocation mechanism under the special financial transfer payment. It provides a set of normative and technical operating procedures for project application and management. Under a series of elaborate designs such as application, approval, implementation, assessment and audit, the space for local government discretion is

constantly compressed, "making the overall leading power of China's social governance replaced by a kind of technical governance power." Based on the changes in the financial system, the project system is defined as a governance mode in which the central finance transfers resources to local governments through special transfer payments with projects as the carrier, and controls the

Funding: Hebei Social Science Fund Project (No.: HB18YJ065) in 2018.

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Received: September 29, 2022; Accepted: November 22, 2022; Published Online: December 1, 2022

<http://www.wjmst.net>

project implementation process in combination with a set of strict management systems [1-5]. The theory of financial distribution is an important perspective to understand the "project system", but the operation of the project system has a strong spillover effect, affecting the governance logic and governance model of governments at all levels. In the interaction with bureaucracy, bureaucracy and sports governance, a new structure has been gradually established. It is somewhat narrow to understand the "project system" only from the financial perspective. In fact, "project system" has a deeper connotation of "system spirit". The project system is not only a financial redistribution system, but also a mechanism that can enable the system to operate actively, which is more internalized as a way of thinking. The construction of strategies and strategies that affect and penetrate the decisions and actions of countries, social groups and even specific individuals. In actual operation, the project system does show strong influence, connecting the complex rights and interests of governments at all levels and functional departments, and interwoven with typical governance, administrative contract system, central work system and other governance mechanisms. Have a profound impact. For the modernization of the prevention and treatment of geriatrics, project production has been widely used as one of the treatment means, with the purpose of optimizing resource allocation for the prevention and treatment of geriatrics, and enhancing the quality and efficiency of the prevention and treatment of geriatrics.

In the field of geriatric disease prevention and control, the project system mainly exists as the mode of national financial transfer payment. From the perspective that it should be, the project system has the advantages of concentrating on doing important things and optimizing resource allocation under certain conditions, but from the perspective of practice, the uncertainty based on the implementation of the system also has certain utility limits. It may have some unexpected side effects. In recent years, it has become normal to take project production as a governance mode, but under such normal conditions, it is easy to cause special funds to follow projects.

While affirming the rationality and progressiveness of the project system, previous studies have also pointed out some "unexpected consequences" brought about by project governance, including the "quantification" logic, the "time limit" logic, and the utility limit of the "merits

and demerits" logic. However, in view of the project system at the fund level, only the project system is emphasized, resulting in low efficiency and efficiency of the use of special funds. For this reason, this paper attempts to focus on the project system on the funding mechanism for the prevention and treatment of geriatrics. Based on macro data, while clarifying the reform effect of the funding mechanism for the prevention and treatment of geriatrics under the project system, this paper demonstrates in detail the problems of the project system in the funding mechanism for the prevention and treatment of geriatrics, and then discusses the upgrading path of the project system, with a view to promoting the reform and improvement of the funding mechanism for the prevention and treatment of geriatrics.

2 The Reform Effect of the Funding Mechanism for the Prevention and Treatment of Geriatrics

In order to guide and standardize the construction and management of geriatrics, promote the construction of the elderly medical service system, promote the development of geriatrics, and ensure medical quality and safety, the General Office of the National Health Commission has organized and formulated the Guidelines for the Construction and Management of Gerontology (Trial). At present, about 190 million elderly people suffer from chronic diseases, and about 40 million disabled or semi disabled elderly people. At present, there are about 15 million Alzheimer's patients. The problem of "unhealthy longevity" of the elderly in China is prominent, and it is urgent to promote healthy aging. China's investment in the prevention and treatment of geriatrics has entered the track of rapid growth, showing a growth trend with the support of the project system.

2.1 Gradually Increase the Investment in the Prevention and Treatment of Geriatrics

By 2022, more than 50% of secondary and above general hospitals will have geriatric departments, and more than 80% of general hospitals, rehabilitation hospitals, nursing homes and primary medical and health institutions will become elderly friendly medical and

health institutions. The proportion of nursing beds in primary medical and health institutions reached 30%. The National Health Commission has organized expert teams to guide the construction of geriatrics in various regions. The National Health Commission will also establish discipline standards and service guidelines to assess and supervise the progress of various regions. In fact, in recent years, the amount and proportion of national financial funds are steadily increasing year by year, which is inseparable from the benefit contribution of the project system.

In recent years, public hospitals have begun to try out the budget model of "basic expenditure budget+project expenditure budget". Among them, the project expenditure budget is the annual project expenditure plan prepared by public institutions in addition to the basic expenditure budget to complete specific administrative tasks or career development goals. In terms of allocation mode, it is mainly divided into formula allocation mode of "basic expenditure+fixed expenditure" and project allocation mode of "non fixed project expenditure". As far as non fixed project expenditure is concerned, the state mainly implements project management. In other words, "each specific task is regarded as a series of unique, complex and interrelated activities with clear goals or objectives, which must be completed within the scope of specific practices, budgets and resource constraints".

2.2 The Funding Model for the Prevention and Treatment of Geriatrics Has Become Increasingly Mature

In recent years, the central and local governments have established a sub project and proportion sharing funding model for the prevention and treatment of geriatrics, and the project-based funding model for the prevention and treatment of geriatrics has become increasingly mature. On the basis of local financial input, the central finance arranges special funds through various projects to promote the development of geriatric prevention and control, and implement the policy objectives and management responsibilities of the central government in the geriatric prevention and control work in China.

The state vigorously promotes various projects to invest sufficient special funds to promote the development of geriatric disease prevention and control, and invests funds

for geriatric disease prevention and control [6-10].

This model is maturing. Key funds for geriatric disease prevention projects: key problems to be solved in the prevention and treatment of major chronic diseases, common diseases and frequently occurring diseases of the elderly. Through financial support, the application project can greatly improve the clinical research level of geriatrics, promote breakthroughs in the field of geriatric research, enhance the innovation ability of our province, enhance the independent research and development ability of our province, and achieve landmark results. The project design should be combined with the cultivation of discipline leaders and the construction of key disciplines, focusing on improving the scientific and technological innovation level of geriatric disease prevention and treatment medicine in our province, driving the overall development of the discipline, with progressiveness, innovative, practical value or clinical significance, good promotion prospects and social and economic benefits.

According to the overall scale, comprehensive strength and talent construction of medical institutions, and considering the number of outstanding talents, scientific research projects, key disciplines and other factors, the annual talent subsidy index for medical and health institutions is determined. According to statistics, in the past two years, Hebei Province has invested about 10 million yuan in special funds for the prevention and treatment of geriatrics to support the construction of three types of hospital projects, including high-quality development of medical institutions, capacity improvement, and funding for outstanding talents. In addition to the subsidies provided by the central and provincial finance through the special funds for the prevention and treatment of modern geriatrics, local governments are also required to give priority to the new funds for the prevention and treatment of geriatrics. On the basis of improving the funding system and gradually increasing the funding level, they will give priority support to hospitals to ensure adequate financial support for the further implementation of the project.

2.3 Management Standardization of the Fund for the Prevention and Treatment of Geriatrics Driven

A new direction has been taken to establish and improve the fund use management responsibility system

of who uses and who is responsible, and the fund use management has embarked on the road of standardization.

First of all, in terms of strengthening fund management, fund allocation and use management were gradually improved. The project management mechanism of "classified project establishment, classified support, annual assessment and dynamic adjustment" is adopted, which is divided into Class A and Class B to provide differentiated financial support. It also explicitly requires all medical institutions that have obtained special funds to strengthen fund management: "It shall not be used to repay debts, pay interest, invest abroad, make up other project gaps, and shall not draw working funds or management funds from special funds." It shall not be used for capital construction, and shall be subject to the supervision of the Ministry of Finance and other relevant departments.

Secondly, in terms of implementing the autonomy of capital use, we will gradually open the mechanism of "decentralization, management and service". It is clearly required to optimize the expenditure structure, strengthen cost control, and improve the use efficiency as the main line, play a performance oriented role, and comprehensively strengthen the management of capital investment and use. It can be seen that the central and local governments are gradually forming the concept of fund use management: spending money must work, not control. Through the comprehensive implementation of management responsibilities, improvement of management methods, improvement of use performance, and enhancement of management capabilities, we will streamline administration and delegate power, combine management with optimization of services, and establish and improve an all-round, whole process, full coverage management system for the use of funds for the prevention and treatment of geriatrics.

3 Limitations of the Project System in Financial Mechanism

As far as the national special funds are concerned, the project system is mainly used. "The core of the 'project system' is that the central government guides, mobilizes and encourages lower level governments and project leaders with the incentive of the 'project system'." The project refers to an operation and management mode of the central finance to transfer payments to local or local

governments to grassroots finance. In fact, such special funds not only have limited incentive effect on the high-quality and characteristic development of medical institutions, but also highlight the lack of internal efficiency, external benefit and long-term effectiveness of the time series in the principles of special funds, special funds for projects, and special funds for short term.

The principle of "special funds" in the project system that restricts the independence of hospital funds. The layered operation mechanism of the project system is: first, the higher level government (such as the central government) promotes local governments to actively participate in the implementation of national policies through "contracting", and then the local governments (such as provincial and municipal governments) integrate various resources through "packaging" and distribute them to the local areas in the form of project system. Finally, grass-roots organizations or groups (such as township hospitals and enterprises in Chengxian County) are all contracted to introduce resources, participate in the project system and achieve their own development. The project system has a significant role in promoting the development of medical institutions in the short term, but the long-term incentive effect is investigated and found to have an attenuation effect. Reflecting on the project design itself, one of the problems is that each single project always strictly follows the principle of "one thing, one discussion" and "special funds", and strictly implements target management, process control and result inspection. Finally, grass-roots organizations or groups (such as township hospitals and enterprises in Chengxian County) are all contracted to introduce resources, participate in the project system and achieve their own development. The project system has a significant role in promoting the development of medical institutions in the short term, but the long-term incentive effect is investigated and found to have an attenuation effect. Reflecting on the project design itself, one of the problems is that each single project always strictly follows the principle of "one thing, one discussion" and "special funds", and strictly implements target management, process control and result inspection. For grass-roots organizations, their autonomy in the use of funds is relatively limited. If the government fails to truly implement the principle of decentralization, management and service in the investment of special funds, it will directly lead to the restriction of the autonomy of hospital funds, and indirectly lead to the lack of vitality and

development space for local governments and medical institutions. In order to adapt to the national supervision on the use of special funds, the project system takes the project as the carrier, strictly follows the top-down established project evaluation standards, and allocates project resources according to the evaluation index scores. Therefore, overemphasis on evaluation indicators has led some medical institutions to focus their energy and resources on indicator construction, ignoring the inherent law of the development of medical institutions, that is, the connotative development of medical institutions. Therefore, the operation and supervision of the project system gradually deviated from the original intention of the design. Under the intervention of the hierarchical financial management model, there are negative effects of local governments' inaction or excessive action. In fact, for large-scale resource redistribution, the "whole block" feature of the project system, although to some extent, makes up for the "fragmentation" problem of the general assignment system, also highlights the problem of "governance". Therefore, it is urgent to upgrade the project system and allow reasonable allocation and transfer to increase the flexibility of fund use. In addition, in terms of audience, we should not only pay attention to a few high-quality universities, but also take into account the medical institutions that are at a disadvantage in the project competition.

The principle of "choosing the best" in the project system triggered the "Matthew effect" in the development of vocational education. "Under the framework of project governance, the relationship between the hospital and the state has changed from the traditional unit system of administrative subordination to the resource dependency under project governance." Due to the nature of the project constraints, the funding mechanism for the prevention and treatment of geriatrics in China has gradually formed a "subject dependent" model. Central "lump sum", local "package" and medical institutions "catch the package" have become the main sources of funds for the prevention and treatment of geriatrics. This kind of investment mode should belong to the resource allocation mode of demand constraint, which has a certain incentive effect. However, when the superior departments allocate projects, they need the project pilot units to have a good platform foundation. Medical institutions make great efforts to strive for this, which is easy to lead to the alienation of resource allocation. Although it is an unconscious behavior, it also aggravates the polarization

between medical institutions to a certain extent. The project system has clear objectives, specific requirements and precise indicators. Resources can be allocated through market factors such as incentives and competition. At the same time, the project system also relies on specific projects for resource allocation. "Each project is aimed at a specific problem, rather than resource allocation and construction for the whole unit." Based on this, medical institutions have to compete fiercely for high-quality resources provided by the state for their own development prospects; In addition, if medical institutions want to obtain resources and financial support for a project, they also need to apply for the project. As a result, there will inevitably be "project-based" utilitarian competition in some medical institutions. The impact of project system on medical institutions at different levels is different. High level and high-level hospitals are easier to apply for projects and obtain special funds, forming a virtuous circle, while low level and low-level hospitals are the opposite. Although this is in line with the original intention of the project design, that is, to give full play to its market fair competition effect, it is difficult to ensure the fairness of its competition in practice. For example, public hospitals are more likely to win the bid, and public hospitals in developed regions are more likely to win the bid than those in underdeveloped regions. Because the central finance requires local governments to have corresponding supporting funds and resources when determining the standard of special transfer payment funds, that is, the project requires self investment capacity as a prerequisite for declaration. This requirement has created the Matthew effect of "people who often eat grass" and "strong horses eat more grass".

The principle of "short-term funding" based on the project system has led to the breakdown of the implementation of medical institutions' projects.

As mentioned above, the source of project specific funds depends on the carrier of the project. Medical institutions should strive for special funds to develop the prevention and treatment of geriatrics through the whole process of project approval and acceptance. Therefore, the project has become the carrier of special funds, leading to competition between medical institutions. Although the project system for the prevention and treatment of geriatrics is a financial transfer payment method of special funds allocated by the state, due to the short cycle of the project itself, it is the carrier on which it relies, and the service life of the special funds is short. All along, the

allocation and use of national special funds have a time limit, that is, a clear start and end time. As for the elderly disease prevention and control demonstration project, the Ministry of Finance adopts the method of rolling in batches every year, and sets the duration of each project as three years. Considering the objective law of the development of geriatric disease prevention and control, the project construction period of 3 years or even 5 years is a little short. Because once the project is stopped, it will inevitably lead to the rupture of special funds. The lack of support from special funds will make it difficult to continue the project, which will lead to the interruption of the implementation of medical institutions' projects. From both the concept and practice of the project system, it seems that the project system has been carrying the gene of "short, flat and fast" since its birth. However, the project system is not necessarily a flash in the pan. The key is how to achieve structural integration with the development of medical institutions. Especially in the later stage of the project, after the withdrawal of special funds, it is very important and necessary to consider the sustainability of the project system. In addition, medical institutions should not, or even should not adhere to the project paradox, that is, they will not continue to implement projects after the withdrawal of special funds. On the one hand, to solve the problem of limited short-term funds of the project system, it is necessary to fundamentally optimize the project design; On the other hand, as the main body of the project, medical institutions must take their own development as a foothold in the whole process of project operation. In fact, any system will have different practical limits due to its own defects, and the project system is no exception. Therefore, "contract awarding" departments, "packaging" units, and "package grabbing" entities should not only pursue short-term goals, but should face the future to avoid the use limit of the project system and unreasonable behaviors that are not conducive to the prevention and treatment of geriatrics.

4 The Upgrading Path of the Project System in the Funding Mechanism

The project system is the product of certain historical environment. It is not only produced, but also created, so the project system is developed.

This is a cruel fact. Although the project system is shown as the investment of special funds in the funding mechanism for the prevention and treatment of geriatrics, it is by no means that the country increases its investment in vocational education in order to increase investment. If the project system only shows changes in form and quantity on the way to reform the funding mechanism for the prevention and treatment of geriatric diseases, without qualitative development, it will lose the significance of innovation and upgrading. In the funding system for the prevention and treatment of geriatrics, the source of special funds mainly comes from the central and local finance. Therefore, the upgrading of the project system should not focus on the collection of special funds, but on the use, distribution and supervision of special funds.

4.1 Moderate Release: Expanding the Fund Use Space of the Project System

The state has invested a certain amount of special funds to encourage the development of the cause of prevention and treatment of geriatric diseases, which has provided impetus for the work of prevention and treatment of geriatric diseases to a certain extent. However, because the special funds have not delegated sufficient management and use rights, medical institutions do not have sufficient autonomy. Medical institutions that lack sufficient autonomy to complete project tasks and indicators are often unable to use special funds efficiently to improve the quality and characteristics of hospitals according to the needs and laws of hospital development. Therefore, it is urgent to expand the independent space for medical institutions to use special funds, realize the autonomy of fund management, and promote the connotative development of geriatric prevention and treatment. The government should not only decentralize power moderately, revitalize the use of prevention and control funds for the elderly, expand the use space of special funds, but also standardize the management of prevention and control funds for the elderly, and strengthen the use efficiency of special funds. In addition to giving medical institutions some autonomy in the use of funds, the government also needs to strengthen the audit and supervision of funds for the prevention and treatment of geriatrics, promote medical institutions to improve the financial management system, let the

investment of funds be applied to key areas. Ensure the efficiency of capital use, and severely punish all kinds of improper use behaviors such as waste and corruption. To be specific, first, the country should establish a debt accountability mechanism for geriatric prevention funds. Taking the prevention and treatment of geriatrics as an example, the research team found that some provinces did not provide special funds to support the construction of local hospitals, which indicates that it is necessary for the country to establish a accountability mechanism for hospital construction fund debts. To investigate the legal responsibility of the relevant departments of the local government. Second, we will standardize the "horizontal" and "vertical" transfer payment mechanisms of the central government. Take the geriatric disease prevention project as an example. After the special project funds allocated by the central government to local financial hospitals are "vertically" transferred from the central finance to local finance, local governments should directly transfer them to hospitals to avoid excessive intervention of local governments in project funds [11-13].

4.2 Innovation: Improving the Efficiency of Resource Allocation of the Project System

Project production is a way of national financial expenditure. Compared with the capitation system, its market-oriented and competitive characteristics really help stimulate the enthusiasm of local governments and grassroots medical institutions. It is inevitable for the market to take economic benefits as the first behavioral logic, but the government should give consideration to both economic and social benefits. The current resource allocation in China generally belongs to the "national center" mode, and the government's financing mechanism is "comprehensive quota+special subsidy". "Helping the poor and promoting equity are important functions of the government under public finance." Therefore, in terms of resource allocation, the government should strengthen target management to fully guarantee its benefits, and at the same time use the marketization and competitiveness of the project system to improve the efficiency of resource allocation and promote the development of the cause of prevention and control of geriatrics. In order to ensure the re-upgrading of the project system, the government needs to do something, both old and new.

First of all, the government's "dilapidated" behavior is mainly reflected in the need to adjust the resource allocation focus of the project system from "material" to "people".

"People oriented". As a special input of capital expenditure, the project system, like other types of expenditure, is mainly "material (project) oriented" rather than "people (hospital) oriented". Based on this, at the beginning of the project design, the government should carry out scientific and reasonable planning from the perspective of developing the elderly prevention and treatment as much as possible. To achieve special planning, special implementation, special supervision and special feedback, and serve the needs of the development of geriatric disease prevention and control.

Secondly, the government's "innovation" is mainly reflected in: on the one hand, we should avoid the "preferential" restrictions on the project system imposed by horizontal marketization, and ensure that the special funds of the project system serve the development of most medical institutions. The government should not blindly rely on "pure index" to allocate the resources of the project system, but should consciously avoid the differentiation of project resource allocation, and break the "differential pattern" of the strong and the weak. On the other hand, excessive intervention shall be avoided as far as possible, and the management authority of the project system shall be reasonably configured. From the perspective of national governance, the project system is not only a special funding mechanism, but also a strategic thinking of national, social and even individual decision-making and action. Therefore, the project system should go beyond the governance model of the project itself, and the government should rationally allocate the administrative powers and financial resources entrusted by the project system, maximize fairness, and strive to achieve the goal of running the hospital that the people are satisfied with.

4.3 Rigidity and Flexibility: Perfecting the Project System Acceptance and Evaluation Criteria

The operation logic and action framework of the project system are not only the administrative top-down distribution, but also the hierarchical operation system formed by the two-way combination of market-oriented

bottom-up competition and public affairs in some specific fields. The project system relies on the project to achieve the construction goal. Scientific decision-making, steady implementation and objective evaluation are the continuous promotion and acceptance of the project from design to operation to acceptance.

This is the key guarantee for successful completion. Generally speaking, the design blueprint and evaluation criteria of the project system are based on the national policy text.

It shows something. As far as the evaluation criteria are concerned, there are many hard evaluation indicators of the project system. In fact, although the project system is rigid.

This standard is conducive to the specific allocation of resources, the operation of financial funds and the evaluation of project effects, but there is only one hard quantitative standard.

To some extent, it will lead the medical institutions undertaking the project to ignore the development needs of the hospital itself, blindly cater to the project evaluation indicators, and deviate from the original intention of the project system to promote the development of hospital characteristics. In view of this, the coexistence and parallel of flexible standards and rigid standards is the path of repeated upgrading of the project system.

First of all, the project system cannot be separated from rigid standards. Without quantifiable rigid indicators, the original meaning of the project system no longer exists. In the specific project documents issued by many countries, the quantitative rigid index condition is an indispensable condition in the project management method. Medical institutions can intuitively follow the document rigid standard for project application, operation and management.

Secondly, the project system needs to be supplemented by flexible standards. The most important thing for the project system to promote the development of geriatric disease prevention is not the application of medical institutions for national government projects, but the effective operation of projects. The effectiveness of flexible standards was demonstrated in the process of public hospitals carrying out projects and in the results of national government acceptance projects. For the investment of special funds, the operation time limit of corresponding projects can be appropriately softened to avoid the "short-term funding" problem of the project system; The management of special funds should ensure that the development of the cause of geriatric prevention

and treatment is really promoted, and the flexible standards of principle and modularization are indispensable. In fact, the state is constantly improving the management of special funds, but on the whole, for the acceptance and review standards of the project system, the rigid and flexible standards are still not perfect, and coordination has not been achieved. To this end, the relevant departments need to make more efforts.

5 Conclusion

At present, the prevention and treatment of geriatrics in China is stepping into a new stage with the goal of improving quality and cultivating excellence. To promote the connotative development of the prevention and treatment of geriatrics, it is inseparable from the discussion of the funding mechanism for the prevention and treatment of geriatrics. A sound financing mechanism is the basic guarantee for the development and reform of geriatric prevention and treatment. As one of the most important types of geriatric disease prevention and control funds, special funds are indispensable for improving the quality of geriatric disease prevention and control. As mentioned above, the project system has made some achievements in the funding mechanism for the prevention and treatment of geriatric diseases, promoting the growth of the amount of funds for the prevention and treatment of geriatric diseases, the maturity of the funding model, and the standardization of the use and management. At the same time, however, we should not ignore the utility limit. We should pay attention to avoiding the side effects of the project system principle on the prevention and treatment of geriatrics, such as special funds, selective projects, short-term subsidies, etc. To give full play to the unique advantages of project funds. In addition, we should also pay attention to seeking and realizing the re upgrading of the project system, and work hard in terms of fund use space, resource allocation efficiency, acceptance and evaluation criteria, so as to effectively promote the reform of the funding mechanism for the prevention and treatment of geriatrics [14-16].

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