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Original Paper

Research on Policy Optimization for Elderly Escort Services for Medical Consultations: A Case Study of Elderly Populations Across Administrative Regions in Beijing

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Abstract

Over recent years, as the aging of society has intensified, elderly patients have encountered numerous challenges when seeking medical services, against the backdrop of hospital informatization and process networking. Consequently, escort services for medical consultations have emerged. The Chinese government has facilitated the professional and standardized development of these services through both macro strategies and local policies. However, issues persist, including the lack of unified standards and market regulations, low public awareness and social credibility, unclear definitions of legal liability risks, and inability to meet the needs of health-vulnerable elderly groups. By distributing questionnaires to elderly individuals across various districts in Beijing and employing diverse analytical methods, this study identified the primary demands for escort services among the public and provided policy recommendations: establishing a three-tiered service system, standardizing training and certification, and promoting policy support and technological empowerment. Addressing these demands through tiered responses, standardizing service standards, and strengthening technological policy support will contribute to the sustainable development of escort services for medical consultations.

Keywords

escort services for medical consultations, elderly, elderly care services, binary logistic regression analysis, multiple response analysis

1. Overview of Policies Related to Escort Services for Medical Consultations for the Elderly

1.1 Connotation and Industry Overview of Escort Services for Medical Consultations

Escort services for medical consultations refer to the provision of accompaniment for clients who, due to various reasons, are unable to seek medical treatment independently. These services encompass medical guidance, queueing on behalf of clients, collecting medications, accompanying and communicating with clients, as well as transportation and dining arrangements.

The primary clientele for these services includes the elderly living alone, pregnant women, individuals with disabilities, and those who live alone and face difficulties in seeking medical treatment independently. Among all users, the elderly account for more than 60%.

The emergence of escort services for medical consultations has multiple direct causes, including an increase in market demand and the deepening informatization and networking of hospitals. Nevertheless, the ultimate reason stems from the increasingly severe aging of Chinese society. Firstly, the proportion of the elderly population has increased. The Seventh National Population Census revealed that in November 2020, the elderly population aged 60 and above in China was approximately 264 million, accounting for 18.70% of the total population, indicating a further deepening of the aging process and China's impending entry into a moderately aged society. Secondly, while the full-process informatization of hospitals has facilitated most people, it has exacerbated the difficulties faced by middle-aged and elderly individuals with weaker learning abilities and information technology proficiency in seeking medical treatment. The elderly over 60 in China constitute the main group of non-internet users. Escort services for medical consultations provide convenience for the entire medical treatment process, enabling them to access medical services with ease (Zhou et al., 2022).

The escort services sector for medical consultations has seen significant growth in recent times. In 2021, a total of 26,000 individuals searched for "escort services for medical consultations" on Taobao. During the first quarter of 2022, search volumes for keywords such as "elderly escort for medical consultations" on Meituan surged by 424% year-on-year, with a concurrent 95% increase in order volumes for escort services for medical consultations. However, beneath this thriving industry lies a multitude of issues. For instance, the entry barriers for practitioners in the escort services for medical consultations are relatively low, leading to unclear rights and responsibilities during service provision. Furthermore, there is a lack of relevant regulatory bodies overseeing the escort services for medical consultations industry, resulting in industry chaos such as information asymmetry and ambiguous pricing (Huang et al., 2022). While experiencing rapid development, the negative impacts brought about by this high-speed expansion cannot be overlooked by society.

1.2 Explanation and Analysis of Existing Policies

Since the implementation of the 14th Five-Year Plan, the Chinese government has adopted proactive policies to address the objective trend of population aging in social development. A series of national strategies have been formulated to properly mitigate its impacts. The *Outline of the 14th Five-Year Plan for Economic and Social Development of the People's Republic of China and Long-Range Objectives*

through the Year 2035 states, "...there are still issues of unbalanced and inadequate development in the elderly care industry and elderly services, mainly manifested in the low level of elderly care services in rural areas and insufficient supply of home-based and community-based elderly care, as well as high-quality and inclusive services..." The *Notice on Promoting the Construction of Elderly-Friendly Medical Institutions* issued by the National Health Commission points out that medical institutions should optimize the healthcare process for the elderly to facilitate their access to medical services.

While the government is making high-level plans, local governments have also introduced a series of related measures to ensure the effective implementation of policies regulating escort services for medical consultations. Shanghai, for example, issued the *Pilot Program for Escort Services for Medical Consultations for the Elderly in Shanghai in 2025*, which serves as a model for local governments to support the construction of the elderly care service system and regulate elderly escort services. The program emphasizes the importance of pilot implementation and establishing a management mechanism. It highlights the role of community hospitals in collaborating with hospitals, civil affairs bureaus, and other institutions to strengthen work coordination and establish a management system. Based on the provision of escort services for medical consultations by community hospitals, the civil affairs bureau provides guidance to elderly care service institutions to achieve standardized construction of the escort services industry.

The word cloud generated using Python tools further highlights the focus of policy documents: namely, establishing a trinity of civil affairs bureaus, community party-masses centers, and hospitals. While providing comprehensive escort services for medical consultations for the elderly, guidance is provided to third-party elderly care service institutions to ultimately achieve the systematic and standardized construction of elderly care services.

Figure 1. Word Cloud Analysis of the "Pilot Program for Escort Services for Medical Consultations for the Elderly in Shanghai"

2. Survey and Analysis Based on the Elderly in Various Districts of Beijing

2.1 Survey Overview

2.1.1 Survey Target and Content

By conducting a questionnaire survey among the elderly aged 60 and above in various districts of Beijing, we aim to provide more policy suggestions for the government. This survey explores the differences in demand for escort services for medical consultations among the elderly and the characteristic factors influencing it by collecting data on their use of such services, basic needs, and the perceptions of service quality among users. Based on the collected data and analytical conclusions, we further investigate the specific factors affecting the willingness to use escort services for medical consultations. Additionally, we collect suggestions for improvement and development directions regarding escort services for medical consultations from the elderly, analyze the specific factors influencing their willingness to use such services, and provide references for optimizing and standardizing escort services for medical consultations in the future.

2.1.2 Survey Method

This survey investigates the demand, use, and improvement directions of elderly escort services for medical consultations through questionnaires. The questionnaire items mainly adopt the Likert five-point scale method, with scores ranging from 1 to 5. The questionnaire is divided into six parts: basic information of the elderly, use of escort services for medical consultations, promotional effectiveness and channel preferences, price stratification and payment modes, service innovation and professional training, and open suggestions.

2.1.3 Sample Acquisition

First, the sample size is determined. Setting the error limit $d = 0.05$ and confidence level $1 - \alpha = 95\%$, we assume the overall sample proportion $P = 0.5$ to maximize variance, estimating the overall variance $S^2 = P(1 - P) = 0.25$. Based on the elderly population N (approximately 5 million), the initial sample size n0 is approximately 384. After adjusting for the design effect (due to the adoption of stratified sampling and multi-stage sampling methods, with a design effect deff = 1.2), the adjusted sample size is 460. Considering factors such as effective response rate, cost, and time, the final sample size is determined to be 600 questionnaires.

The sampling process is divided into three steps:

First Phase: PPS Sampling for Municipal Districts

The 16 districts of Beijing are taken as primary sampling units. Codes are assigned based on the elderly population in each municipal district, and random numbers are generated using Excel to select 5 districts. The five municipal districts ultimately selected are Xicheng District, Fengtai District, etc.

Second Phase: Simple Random Sampling for Streets

The five municipal districts identified in the first phase are taken as sampling units. The number of streets to be sampled is determined at a 20% ratio (to improve survey efficiency), and then simple random sampling is used to select the streets. A total of 36 streets are selected for investigation.

Table 1. Street Sampling Table

Municipal Districts	Number of Streets (including townships and towns)	Number of Sampled Streets	Names of Sampled Streets	Sample Size
Xicheng District	15	3	Xinjiekou Street, etc.	48
Fengtai District	26	8	Nanyuan Street, Kandan Street, etc.	106
Shunyi	25	8	Gaoliying Town, Guangming Street,	134

District			etc.	
Fangshan District	28	8	Xiangyang Street, Hebei Town, etc.	146
Haidian District	29	9	Ganjiakou Street, etc.	167

Third Phase: Convenience Sampling for Elderly Individuals

Contact is established with institutions such as sub-district offices and residents' committees in the sampled streets. Questionnaires are distributed online through WeChat groups or community announcement platforms that include all elderly residents of the street. Respondents fill out the questionnaires voluntarily, completing the convenience sampling process.

Finally, data processing is conducted on the questionnaires. The collected data from the online questionnaires is directly imported into software such as Excel and SPSS for analysis. After data aggregation and processing, a total of 35 invalid questionnaires were deleted, resulting in 601 valid questionnaires.

2.1.4 Reliability and Validity Analysis of the Pre-survey

The author calculated the Cronbach's α coefficients for the four dimensions of the scale in the pre-survey questionnaire, with the results presented in the table below.

Table 2. Pre-survey Cronbach's α Sample Table

Concepts	Number of Items	Cronbach's α Coefficient	Reliability Evaluation
Training Needs	5	0.893	Very Good
Regulatory Needs	4	0.876	Very Good
Government Support	4	0.848	Very Good
Perception of Promotion	3	0.816	Very Good

The Cronbach's α coefficients for all four dimensions are above 0.8, indicating excellent reliability and strong internal consistency within each dimension's scale, with stable and reliable measurement results. Furthermore, the author conducted a KMO (Kaiser-Meyer-Olkin) and Bartlett's Test of Sphericity on the data. Upon examination and analysis, the estimated survey indicators are as shown in the table, with a KMO value of 0.735, indicating good applicability for factor analysis (standard threshold ≥ 0.7). The Bartlett's Test of Sphericity yielded a significant P-value of < 0.05, suggesting a highly significant statistical correlation among variables, and thus the factor analysis is valid. The pre-survey questionnaire passes both the KMO and Bartlett's Test of Sphericity. The pre-survey questionnaire has passed the reliability and validity tests and can be used for subsequent formal surveys.

Table 3. Pre-survey KMO and Bartlett's Test Metrics

KMO Measure of Sampling Adequacy		0.735
Bartlett's Test of Sphericity	Approximate Chi-Square	788.975
	Degrees of Freedom	171
	Significance	<0.001

2.1.5 Reliability and Validity Analysis of the Formal Survey

The formal survey was also evaluated using Cronbach's α test, as well as KMO (Kaiser-Meyer-Olkin) and Bartlett's Test of Sphericity. The questionnaire content encompasses four dimensions: training needs, regulatory needs, government support, and perception of promotion.

Table 4. Reliability and Validity Evaluation Table for Different Dimensions

Concepts	Number of Items	Cronbach's α Coefficient	Reliability Evaluation
Training Needs	5	0.893	Very Good
Regulatory Needs	4	0.877	Very Good
Government Support	4	0.858	Very Good
Perception of Promotion	3	0.918	Very Good

The data in the table indicates that the Cronbach's α coefficients for all dimensions exceed 0.8, suggesting excellent reliability of the questionnaire.

Table 5. KMO and Bartlett's Test Metrics for the Formal Survey

KMO Measure of Sampling Adequacy		0.822
Bartlett's Test of Sphericity	Approximate Chi-Square	6278.489
	Degrees of Freedom	190
	Significance	0.000

The KMO value is 0.822, and the significance level of Bartlett's Test of Sphericity is less than 0.05, indicating statistical significance. The null hypothesis is rejected, suggesting a correlation among variables. The factor analysis is valid and deemed appropriate. The questionnaire demonstrates good construct validity.

2.2 Data Processing and Analysis

2.2.1 Analysis of Characteristics of Users of Escort Services for Medical Consultations

The data from the questionnaire reveals that most elderly individuals live with their spouses, and there is a significant variation in the health status of the elderly population, highlighting the necessity of escort services for medical consultations. Over 70% of unhealthy elderly individuals (based on a baseline of 68.05%) have ongoing medical needs.

The frequency of using escort services for medical consultations among the sample indicates a significant contradiction between service popularity and potential demand. The utilization rate of services among chronic and long-term illness groups generally aligns with their health needs, but some potential needs remain unfulfilled (such as among healthy-but-vulnerable individuals within the unused group).

Nearly 50% of the users fall into the medium to high-frequency categories, suggesting that almost half of the elderly have stable or intensive demands for escort services for medical consultations, which aligns with the health management needs of those with long-term illnesses (18.8%) and chronic conditions (49.25%) (Wang et al., 2023). 25.79% of elderly individuals use the escort services for medical consultations 1 to 3 times per year. The low-frequency user group emphasizes the value of service flexibility, noting that even those with relatively stable health conditions can rely on these services in special circumstances such as sudden illness, urgent medical checks, or when their children are unable to accompany them.

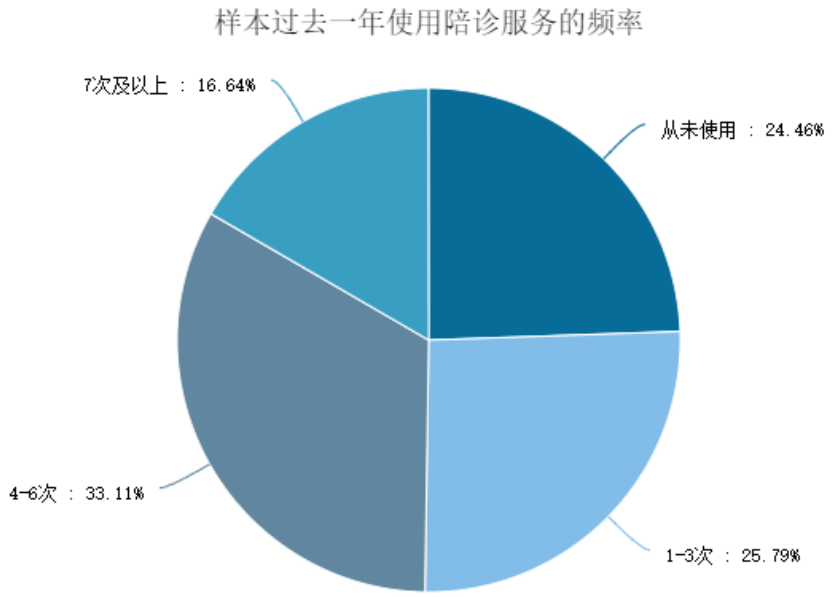

Figure 2. Frequency of Using Escort Services for Medical Consultations in the Past Year Among the Sample

2.2.2 Research on User Behavior and Market Segmentation

To investigate the factors influencing the frequency of using escort services for medical consultations, a binary logistic model was employed. The response variable, denoted as Frequency, was categorized into two groups based on the frequency of using escort services for medical consultations in the past year: "never used" (defined as non-users) and "used 1-3 times, 4-6 times, or 7 times or more" (defined as users). The independent variables included "I frequently encounter promotional information about escort services for medical consultations," "I believe the current promotional effects of escort services for medical consultations are good," and "I highly trust the current promotional content." Principal component analysis (PCA) was introduced, and statistical analysis software SPSS was utilized to conduct the PCA. The results revealed that only one principal component with an initial eigenvalue greater than 1 was extracted, with a cumulative variance contribution rate of 85.947%, indicating that this principal component highly concentrated the core information of the original three variables. By further analyzing the loading coefficients of each variable on this principal component, it was determined to serve as a new comprehensive variable, named the "perception factor of escort services for medical consultations promotion".

Dummy variables were constructed for seven indicators: residential status, health status, chronic disease follow-up visits, general outpatient visits, emergency visits, postoperative re-examinations, and the perception factor of escort services for medical consultations promotion, as shown in the table. These dummy variables were used as independent variables in the analysis.

Table 6. Interpretation of Variables in the Logistic Model

Original Variables	Explanations of Dummy Variables	Dummy Variable Notation	Definitions of Variables
Frequency of Use	Frequency of Elderly Use of Escort Services for Medical Consultations	Frequency	1: User 0: Non-user
Residential Status	Cohabitation Status with Spouse Cohabitation Status with Children Residence in Nursing Homes Others	$Residence_1$ $Residence_2$ $Residence_3$ $Residence_4$	1: Yes 0: No Baseline Group: Living Alone
Health Condition	Requirement for Partial Assistance (e.g., Chronic Conditions) Frequent Medical Visits Due	$Health_1$ $Health_2$	1: Yes 0: No Baseline Group: Healthy and Self-sufficient

	to Long-term Illness		
Follow-up Visits for Chronic Diseases	Your Primary Type of Medical Visit is Follow-up for Chronic Diseases	Followup	1: Yes 0: No
General Outpatient Services	Your Primary Type of Medical Visit is General Outpatient Services	Clinic	1: Yes 0: No
Emergency Services	Your Primary Type of Medical Visit is Emergency Services	Emergency	1: Yes 0: No
Postoperative Follow-up Examinations	Your Primary Type of Medical Visit is Postoperative Follow-up Examinations	PostCheck	1: Yes 0: No
Awareness Factors of Escort Services for Medical Consultations	Variables extracted through Principal Component Analysis, comprehensively reflecting the audience's overall perception of the promotion of Escort Services for Medical Consultations	PromotionAware	Continuous Score Values Derived from Principal Component Analysis, with Specific Ranges Determined by Analysis Results

The model variables to be considered for inclusion can be expressed through the following formulation:

$$\ln\frac{p}{1-p} = \beta_0 + \beta_{11}Residence_1 + \beta_{12}Residence_2 + \beta_{13}Residence_3 + \beta_{14}Residence_4 + \beta_{21}Health_1 + \beta_{22}Health_2 + \beta_3 Followup + \beta_4 Clinic + \beta_5 Emergency + \beta_6 PostCheck + \beta_7 PromotionAware$$

At a significance level set at 0.05, the regression analysis yielded the results presented in the following table.

Table 7. Logistic Model Results (1)

Variable Name	Regression Coefficient	Standard Error	P-value	Significance	OR
$Residence_1$	-0.863	1.540	0.575		0.422
$Residence_2$	-1.395	1.301	0.283		0.248
$Residence_3$	-1.057	1.372	0.441		0.348
$Residence_4$	-2.527	1.510	0.094		0.080
$Health_1$	-0.812	1.016	0.424		0.444
$Health_2$	-0.616	0.969	0.525		0.540
Followup	1.787	0.782	0.022	*	5.974
Clinic	1.304	0.655	0.046	*	3.684
Emergency	2.438	0.995	0.014	*	11.447
PostCheck	2.646	0.828	0.001	**	14.096
PromotionAware	6.214	0.882	<0.001	**	15.484

(Signif.codes: 0/'***'0.001/'**'0.01/'*'0.05)

The results indicate that the P-values for the dummy variables *Followup*, *Clinic*, *Emergency*, *PostCheck*, and *PromotionAware* are all less than 0.05, suggesting that these variables significantly influence the frequency of elderly individuals' utilization of escort services for medical consultations.

Drawing conclusions from the regression coefficients: Both the OR values and regression coefficients being positive indicate that the following variables—Followup, Clinic, Emergency (translated directly for consistency), PostCheck, and the promotional awareness factor related to escort services for medical consultations—positively impact the frequency of using such services. The P-values for the dummy variables constructed within "living status" and "health status" are both above 0.05, indicating no significant influence on the frequency of using elderly escort services for medical consultations.

2.2.3 Analysis of Service Barriers and Facilitating Factors

This analysis focuses on a multiple-choice question regarding barriers to the non-use of escort services for medical consultations, employing multiple response analysis in SPSS software. Each option related to unused barriers is set as a separate variable, with 1 indicating selection and 0 indicating non-selection. After constructing the multiple response set, a frequency analysis is conducted to present the barriers to the utilization of escort services for medical consultations in the elderly.

Table 8. Frequency Table of Unused Barrier Sets

Options for Barriers to Non-Use	Number of Cases	Response Percentage	Case Percentage
Lack of Awareness of the Service	90	30.6%	61.2%
Excessive Pricing	47	16.0%	32.0%
Concerns Regarding Safety	60	20.4%	40.8%
Family and Friends as Alternatives	78	26.5%	53.1%
Other Factors	19	6.5%	12.9%
Total	294	100.0%	200.0%

More than 60% of users have not utilized the service due to information asymmetry, indicating inadequate promotional outreach or unclear content. Potential reasons include a single service promotion channel and a lack of targeted information dissemination. Over half of the users rely on family and friends rather than professional services, reflecting a cognitive bias regarding the value of escort services for medical consultations. The underlying reason is that users are unaware of the advantages of professional escort services for medical consultations in areas such as emergency handling and privacy protection. Forty percent of users have doubts about service safety, encompassing risks like escort personnel qualifications, privacy breaches, or service procedures. Approximately 30% of users perceive the price threshold as high, though this is not the most critical obstacle and may be related to users' payment ability or psychological expectations.

For the multiple-choice questions in the sample, the total case percentage is 200%, indicating that each user, on average, selected 2 barriers, which demonstrates the complexity of user needs. The main issues concentrate on the top three barriers (lack of awareness of the service, family and friends as alternatives, and concerns regarding safety), accounting for 77.5% and requiring priority attention.

2.2.4 Satisfaction Assessment

After global filtering, the remaining sample size is 454, which is the sample size when all analysis items have complete data. Based on the valid sample, the statistical analysis of satisfaction across various dimensions yields the following results: The average satisfaction scores of the respondents range from 3 to 4, falling within the category of generally to relatively satisfied. Among them, "appointment registration" has the highest satisfaction score of 3.28, while "hospital transportation" has the lowest satisfaction score of 3.178. Respondents have a moderate level of overall satisfaction with escort services for medical consultations, indicating that service satisfaction still needs improvement.

Table 9. Descriptive Statistics of Satisfaction

Satisfaction with Current Escort Services for Medical Consultations Content	Global Filtered Sample Size	Average Value	Standard Deviation	Median	Constant Numeric Value Indicator
Appointment Registration	454	3.280	1.048	3.000	否
Hospital Transportation	454	3.178	1.112	3.000	否
Accompanying for Examinations	454	3.278	1.075	3.000	否
Medical Advice Documentation	454	3.273	1.080	3.000	否
Follow-up and Continuation	454	3.222	1.086	3.000	否

Based on the satisfaction levels for different service contents, improvement directions and requirements are proposed. These improvement requirements are broken down into separate model variables, and the variable values assigned by respondents are then reassigned from high to low (1 = most urgent, 5 = least urgent). A weighted average score is calculated to determine:

Table 10. Weighted Distribution of Improvement Requirements

Name	Mean Value	Standard Deviation
Enhance professional competencies	2.723	1.080
Optimize service attitude	2.640	1.115
Provide post-consultation follow-ups	2.741	1.068
Clarify rights and responsibilities in service contracts	2.738	1.062
Reduce appointment waiting times	2.699	1.102
Offer price comparisons across different options	2.730	1.060

According to the priority analysis, the ranking is as follows: “Provide post-consultation follow-ups” > “Clarify rights and responsibilities in service contracts” > “Offer price comparisons across different options” > “Enhance professional competencies” > “Reduce appointment waiting times” > “Optimize service attitude”.

2.2.5 Industry Ecology and Development Trend Analysis

Regarding the development of the industry ecology, the author primarily focuses on two aspects: industry training and regulation. Industry training mainly includes an analysis of training content needs and preferences for training responsibility entities.

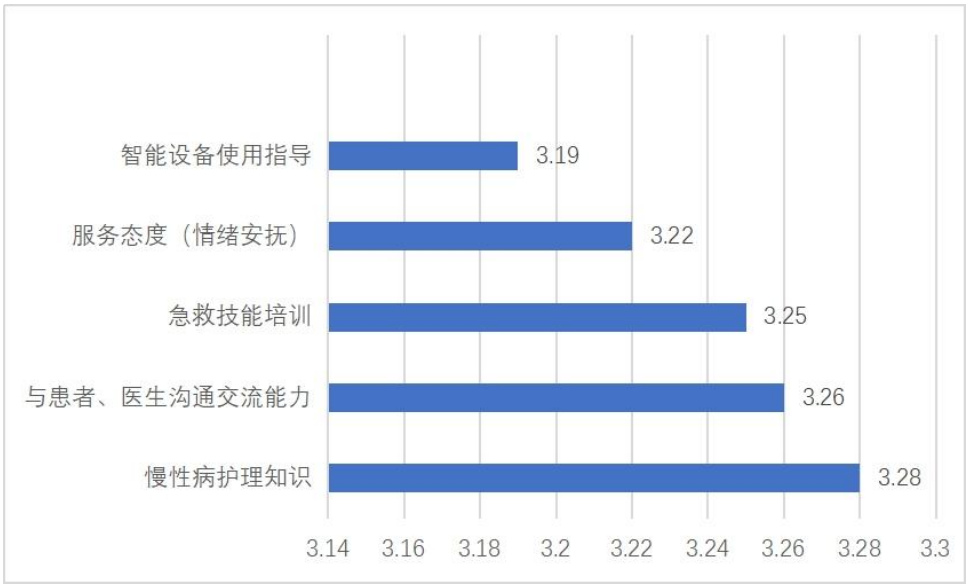

Figure 3. Distribution of the Importance of Training Content

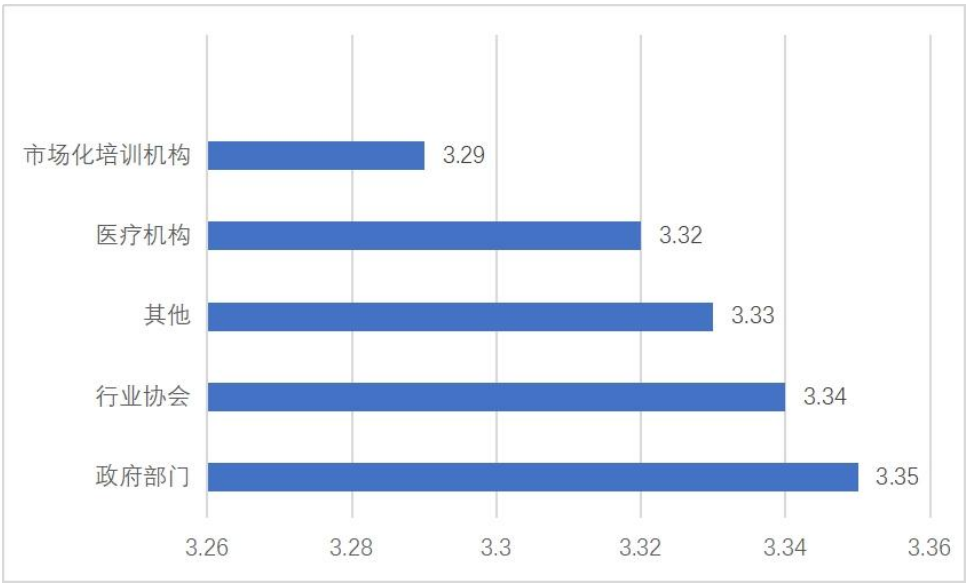

Figure 4. Distribution of Preferences for Training Responsibility Entities

As evident from the figures, although the level of importance attached to the five services is highly similar, users place slightly more emphasis on professional content (such as chronic disease care) than on operational services (equipment guidance). There is little variation in users' acceptance of training entities, with government departments topping the list at 3.35, indicating that the public trusts the government more in undertaking training functions. The lowest score for market-oriented institutions (3.29) suggests a lack of trust from customers, who still have concerns about excessive commercialization and a lack of professionalism (Bai, 2024).

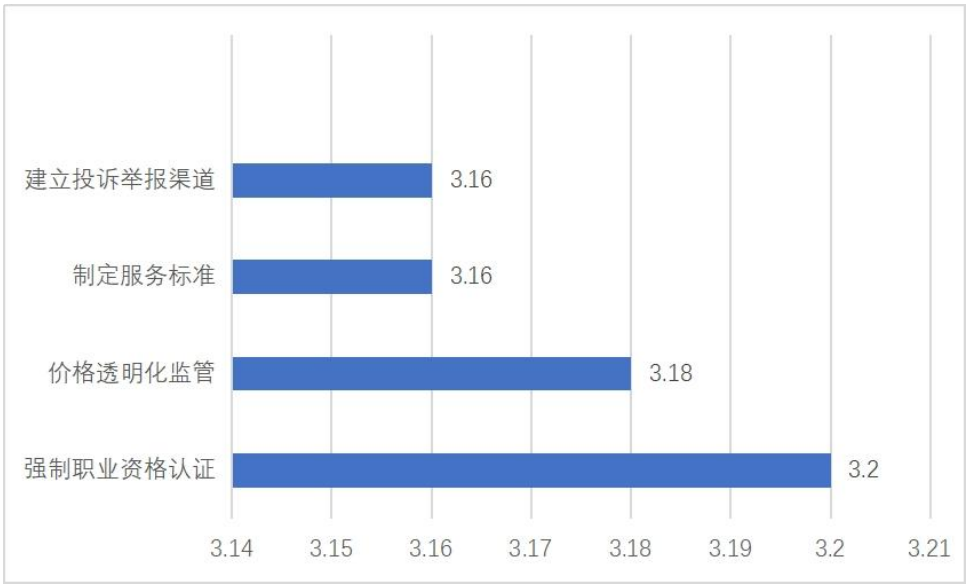

Figure 5. Distribution of Demands for Regulatory Measures

In terms of regulation of the escort services for medical consultations industry, the public most hopes to raise the industry entry barriers to enhance professionalism. The scores for various regulatory measures are similar, with insignificant differences in preferences.

2.2.6 Exploration of Policies and Innovative Models

The questionnaire divides government policy support into four important directions (government subsidies, legislative protection, establishment of information platforms, and promotion of medical escort collaboration). The option values are converted into numerical variables (1 = very unimportant, 5 = very important), and the average scores are calculated for priority analysis. According to the average score ranking and the chart, the scores for the four types of policy support all fall within the "moderately to relatively important" range, with government subsidies scoring the highest (3.265), and thus should be prioritized as the primary direction of support.

Table 11. Priority Ranking of Government Support Options

Name	Sample Size	Mean Value	Standard Deviation
Government Subsidies	601	3.265	1.027
Legislative Protection	601	3.215	1.058
Establishment of Information Platforms	601	3.208	1.073
Promotion of Medical Escort Collaboration	601	3.230	1.063

Regarding innovative models, the questionnaire split the sub-options of innovative service models into multiple dichotomous variables for multiple response analysis. The results show that the response rate and popularity of intelligent program assistance are the highest (31.13%), indicating it should be prioritized for promotion. “Collaboration between community doctors and escort services for medical consultations personnel” ranks second and is also worthy of priority promotion.

Table 12. Summary of Response Rate and Prevalence

Items	Response		Prevalence（n=601）
	n	Response Rate	
Intelligent Program Assistance (development of software for appointments, monitoring, etc.)	368	31.13%	61.23%
Collaboration between Community Doctors and Medical Escort Personnel	317	26.82%	52.75%
Community “Time Bank” Mutual Aid (storing service hours to redeem future medical escort services)	268	22.67%	44.59%
Hospital-Operated Medical Escort Teams	229	19.37%	38.10%
Total	1182	100%	196.67%

Note: In the goodness-of-fit test, $\chi^2 = 36.876$, $p = 0.000$.

3. Conclusions and Recommendations

3.1 Current Usage of Elderly Escort Services for Medical Consultations in Beijing

The survey on elderly escort services for medical consultations in Beijing primarily highlights the widespread demand for such services. Descriptive statistical analysis reveals that the reasons for using these services are widely distributed, with the highest proportions being the lack of companionship from children and the complexity of hospital procedures. Key factors influencing the frequency of using elderly escort services for medical consultations include whether there is a need for chronic disease follow-up visits, general outpatient visits, emergency visits, postoperative check-ups, and whether consumers recognize the promotions of escort services for medical consultations.

Regarding the industry of elderly escort services for medical consultations, consumer demand exhibits a relatively clear stratification trend. Analysis of escort services for medical consultations user groups based on K-means clustering reveals that different age groups, medical needs, and service scenarios have varying preferences, indicating a clear trend towards further stratification of escort services for medical consultations based on demand. Descriptive statistics on satisfaction and chi-square tests between satisfaction sub-items and related variables show that respondents have a moderate overall satisfaction

with escort services for medical consultations, suggesting that service satisfaction still needs improvement (Cao, 2024).

3.2 Optimization of Escort Services for Medical Consultations and Related Policy Recommendations

For escort services for medical consultations, optimization primarily focuses on pricing models and personnel training. Cross-analysis reveals that group characteristics show a generally uniform pricing standard for basic services, with no significant differences. Analysis of scale questions also indicates that users are most sensitive to pricing regarding professional medical support and timeliness. It can be concluded that respondents have different pricing standards for basic, professional, and emergency services, with a gradually increasing price tolerance. There is a significant demand and feasibility for tiered pricing of escort services for medical consultations based on professionalism and urgency.

In terms of escort services for medical consultations personnel training, respondents have no significant differences in their acceptance of training conducted by different entities, including government departments, industry associations, other medical institutions, market-oriented training institutions, and others. Relatively speaking, among these entities, people prefer government departments to be responsible for escort services for medical consultations personnel training. The authority and credibility of the government are the main reasons for consumers' preference.

Therefore, the government should play a leading role in the standardization of the escort services for medical consultations industry. Based on policy text analysis and market research, the author believes that policy optimization should focus on four aspects.

First, service promotion and publicity optimization. Units such as civil affairs bureaus should collaborate with community health service centers to organize "Escort Services for Medical Consultations Open Days" for key populations like those with chronic illnesses and post-operative rehabilitation, providing free trial services. A manual titled *Escort Services for Medical Consultations Guide* should be produced and distributed in community hospitals and elderly activity centers in large-font graphic and text form, covering service processes, safety certification marks, and pricing standards (Zhao et al., 2024).

Second, a three-tiered service system should be established. Differential pricing should be implemented for basic, professional, and emergency services, adopting a "2-hour minimum plus overtime step pricing" model. A cooperative mechanism for hospital emergency green channels should also be established.

Third, standardized training and certification are crucial. Led by the National Health Commission, the *Occupational Competence Standards for Escort Services for Medical Consultations Personnel* should be formulated, including compulsory modules (such as emergency rescue skills and psychological communication with the elderly) and optional modules (such as diabetes care and smart device operation).

Fourth, subsidy policy innovation and smart service terminal development are necessary. "Escort Services for Medical Consultations Vouchers" (worth 200 yuan per quarter, redeemable against service fees) should be issued to special groups such as those on low-income subsidies and those who have lost their only child. Professional escort services for medical consultations should be included in the payment scope of long-term care insurance, with an annual reimbursement cap set.

Furthermore, a Beijing escort services for medical consultations app should be developed to provide a centralized platform for finding compliant escort services for medical consultations agencies and personnel. The app should integrate functions such as “appointing escort services for medical consultations personnel”, “tracking medication pick-up progress”, “hospital navigation”, “complaint feedback”, and “real-time progress follow-up”, enabling technological advancements to better support the development of escort services for medical consultations.

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