



China Senior Housing and Health Care

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Content

Chief Editors

Michael Qu

T: +86(21)68866151*152

F: +88(21)58871151

Email: quqin@lawviewer.com

Jane Zhang

T: +86(21)63307872

F: +86(571)87385881

Email:

jang.zhang@ibc-joint.com

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Event Highlight

Ten Departments Issued a Notice to Expedite the Construction of Health and Elderly Care Service Projects

Recently, the NDRC together with MCA, Ministry of Finance, among ten governmental departments jointly issued the Notice of Accelerating Construction of Health and Elderly Care Service Projects (hereinafter referred to as the "Notice"). The Notice which responds to the relevant contents in the 12th Five-year Plan, depicts the beautiful blueprint of health and elderly care service project construction in China.

In terms of the content, the Notice explicitly points out the objectives and major tasks for the construction of the elderly care service system, health service system and physical fitness facilities in China within a period of time in the future, specifically speaking: in terms of strengthening the construction of elderly care service system, by 2015, an elderly care service system with moderate scale, well operation and sustainable development should basically be formed; by 2020, an elderly care service system based on household life, depending on community and supporting by institutions that are with perfect functions and appropriate scale, covering urban and rural area should be built. In terms of the construction of health service system, by 2015, the number of hospital beds per thousand population in medical and health institutions (including inpatient care) should reach 4.97. By 2020, the proportion of health management and service promotion should be quickly improved, the ability of continuing medical service such as skilled nursing, rehabilitation, hospice care, etc., should be sharply increased, the number of hospital beds per thousand population in medical and health institutions (including inpatient care) should reach 6, with the number of hospital beds in non-public medical institutions accounting for 25%, a health service system covering full life cycle, containing richer connotation and boasting more reasonable structure should be built to form a diversified medical pattern taking non-profit medical institutions as the main body, profit medical institutions as the supplement section, public medical institutions as the dominant part and non-public medical institutions as joint developing element.

In addition to meticulously formulating the future development process and the target, the most attracting part of the Notice is that it requires people's government of provinces, autonomous regions and municipalities to carry out preferential policies on master planning, land, finance, price, tax, government procurement, among others, to focus on the vitality of the market, to ensure that private capital "is willing to come, is able to come, can retain as well as embrace liquidity", to speed up the development of health and elderly care industry.

The Notice requires that the new addition of health and elderly care projects should give priority to social capital. In the areas with rich public resources, it encourages private capital to participate in medical care, elderly care, physical fitness facilities



construction and the reform of public institutions by means of wholly-owned investment, joint venture, cooperation, joint management, equity participation, leasing, etc., in a way of Public Private Partnership (PPP) and other ways of cooperation. The promulgation of the Notice at this time echoes to several prior implemented policies such as Measures on Further Encouraging and Guiding the Private Capital to Invest in Medical Institutions, Several Opinions on Accelerating the Development of Elderly Care Service from the State Council and so on, once again highlighting the intention of the central government to further reduce the elderly care market access threshold as well as to promote the policy guidance of the close ties between the health and elderly care service and private capital.

In addition, the attachment to the Notice—"Table of Encouraging Private Investment to Health and Elderly Care Service Projects" (hereinafter referred to as the "Table") lists 15 kinds of project in three fields which will be fostered by the government. This measure not only provides convenience for governments of various levels to actively respond to the appeal of the policy, and to issue relevant detailed rules under the guidance of the top design of legislation in order to implement the spirit of the Notice in a fine way, but also gives directions for investors in a positive, reasonable and proper way according to the investing trend shown in the Table. Under the guidance of a series of policies, we have reason to believe that private capital will be the stream force of elderly care services. ■

Four Departments Jointly Issued Notice Boosting Government Procurement of Elderly Care Service

Time flies and world changes, so reform and innovation are always required. The third plenary session of 18th CPP Conference expressed that the reform to economic system is the key to the all-round and deepen reform, while the key issue is to deal with the relationship between the government and the market.

To accelerate the work of improving government procurement of elderly care service, the Ministry of Finance, NDRC and MCA and National Committee on Aging jointly issued Notice on the Works of Government Procurement of Elderly Care Service. The Notice explicitly points out the objectives of the government to purchase elderly care service, confirms the basic principles, specific requirements and working responsibilities of government to purchase elderly care service.

The Notice emphasizes that the decisive role of the market in allocating resources should be fully played. It makes the combination of promoting government procurement of elderly care service with gradually making private forces as the main body of developing elderly care service, and also with fostering professional elderly care service organization. In accordance with the principles of openness, fairness and justice, adhere to the fee changing with different affairs, through the



way of competition and choosing the winner as the private forces to take over the government work of purchasing elderly care service, it ensures qualified private forces to equally participate in the competition.

Government procurement of service originates from western countries which refers to "the government takes money from the social welfare budget to directly endow the various kinds of institutions which provide social public services or the government openly bidding procurement of the social services". One of its original intentions is to improve the quality and efficiency of service supply with the participation of the market power. To realize this, government and market should all make enough preparation where the government should define its role in the market, improve the ability of management and participation in the market, while the market should provide a fair and orderly competition environment, ensure that all the qualified entities are eligible to participate in the competition and allow various private capital, overseas investment or Chinese-foreign cooperation to step into the elderly care service and medical projects.

In regard to the determination of the participating body in government procurement of service, the Notice does not set up any special restriction to the qualification of participating body. While according to the regulation in the Guidance from the State Council's General Office on the Government Procurement of Services from the Private Forces, the participating body of government procurement shall include social organizations established with registration in the Civil Affairs Department in accordance with the law or approved by the State Council exempted from registration as well as companies, organizations and other private forces which are registered and established through the Industrial and Commercial Administration or relevant competent departments in accordance with the law.

The participating body which can undertake government purchasing service should have the ability to independently bear civil liability, should boast necessary facilities, personnel as well as professional and technical ability, should enjoy sound internal governance structure, asset management and financial accounting system, should obtain good social and commercial reputation, should have a good tax clearance and social insurance track record, and should conform to other conditions recognized by the registration administration. We understand that in the current elderly care service industry, service provider of elderly and medical care which are funded by private capital, overseas investor or Sino-foreign joint venture would all have the opportunity to become the participating body of the government procurement of elderly care service. ■



Industrial Analysis

China's Ageing Characteristics

and

Potential Aged Care

By Zoe Ying

China's Ageing Characteristics

The ageing population in China has exhibited the following characteristics:

(1) A large size of ageing population

In China, the number of elderly people aged 60 and above has reached 202 million. This has occupied more than one-fifth of the total ageing population worldwide and is almost half of that in Asia. So far China is the only country where the ageing population is far more than 100 million in the world.

(2) A rapid pace of growth of old people

As per statistics, it is predicted that elders in China will be reaching almost 30% of the total national population around 2045. This figure would have been rising from 11% in 2005 to 30% in 2045 and it only takes not even up to half a century whilst many other countries could have spent one hundred years. China's ageing progress is seriously ahead of that of any others.

(3) An obvious tide of advanced ageing trend

In recent years the number of senior citizens over 80-years old within China has grown by 4.7% every year in average. Apparently such a rise has been much higher than that of people older than 60. At present there are around 13 million of elderly people aged at 80 and above, and this has reached 9.7% of the ageing population throughout the whole country.

(4) A varied level of cross-regional population ageing

Shanghai had been showing the dynamics of ageing population since 1979. However, Qinghai and Ningxia only began to see kind of ageing characteristics around 2010. There were 30 years gap in between.

(5) An accumulative record of historical elderly care debts

China has been experienced the transition from planned economy to market economy. Under planned economy there was no accumulation of pension funds and endowments. The related financial debt has been carried forward till today, but it is not the case in any other countries.

(6) An imbalanced scenario of population ageing and socio-economic development

When those developed countries in Europe or America turn out to be the ageing societies, their average GDP per person was close to USD5,000-10,000. Yet, an average GDP per person is less than USD1,000 in China—a typical country in a rapid ageing process before it gets essentially rich.

China Aged Care Model

In consideration of the above characteristics of population ageing in China, there may exist particular senior living and care models in this country discussed as below:

(1) A mixture type of home-based elderly care

In the traditional Chinese mentality, ‘bringing up the kids for elderly care’ has composed part of the traditional Chinese culture, which tightly ties ‘love of family’. For a very long history, Chinese people have inherited the concept of ‘family care’ very well. Hence, the home-based elderly care support is matched with Chinese tradition and conditions, it constructs the foundation of China aged care scheme, and currently it is and even in the future, it will be the mainstream of senior care model in China.

Comparing with the traditional home-based elderly care, institutional elderly care and elderly care community, a mixture type of home-based elderly care has its own advantages and may apply to the majority of urban Chinese senior citizens. The mixture type of home-based elderly care means to locate care homes or elderly residential apartments in ordinary communities and to provide various sorts of care services for different categories of elderly residents. In this model, for instance, door-to-door service, full-time nursing care, daily care, or hourly-based care can all be tailor-made.

(2) A cooperative type of home-based elderly care

A cooperative type of home-based elderly care is to bring out the best in the elderly, so that they can assist each other when they are in need of help. Also, the cooperative social care plus professional care homes can generate synergy for the insufficiency of resource in this industry. As a completely new care model, such a cooperative care mode would be

complementary to the community-based one, whilst the cooperative structure puts the emphasis on aid or assistance, and comforting or pacifying. It may function as a cost-effective approach, working particularly well for old people (esp. empty-nest elderly) residing in rural area.

(3) An estate-service type of elderly care

Based on the platform of senior housing, an estate-service type of elderly care could integrate both attributes of high quality property and marvelous butler service. By adopting senior living design, adding senior living facilities and equipment and introducing professional care management team, it aims to appeal to elderly services from nursing care, medical treatment, rehabilitation, health management, recreational and sports activities, catering services, to daily life care.

(4) A combination of medical care and elderly care

To ensure the rights of aged people, China has set five magnificent objectives – All the old folks should be looked after properly, being provided for care, medicine, learning, accomplishment and happiness. For the elders, what they are far more concerned with are actually whether they are able to access to adequate care and medical treatment. Only these two deployments would help them get rid of every last bit of fears and confusion about daily life and diseases. Only the first objective is achieved (i.e. the elderly are well looked after), they will soon go after the rest enjoyment of life.

With the pace of socio-economic development in China, the purchasing power parity of Chinese elderly is becoming much more prominent, and their consumption pattern tends to be more quality oriented. As a result, the combination of medical and elderly care will suit the needs of today’s old individuals and couples with strong economic power. A great complex with the total package of medical care, well-being care and nursing care that can ensure acute nursing and clinical aid, ease the burden for family members, bring late-in-life happy times, and produce the high quality of life, will certainly be a high-quality aged-care model to pursue in the near future. ■

Policy Focus



New Chapter Comes for Wholly Foreign-owned Hospitals

By Michael Qu

It is exiting to see that, within less than 3 months after the State Council expressed its mission in Major Tasks of 2014 of Intensifying the Reform of Medical and Health Care System that it “will further liberalize the access requirements for private capitals to invest in the medical service sector”, another long await liberalization over wholly foreign-owned medical institution will be rolled out in seven pilot cities.

On August 27, the Ministry of Health and Family Planning (“MH&F”) and the Ministry of Commerce (“MOFCOM”) jointly issued the Circular on the Commencement of Pilot Projects for Establishment of Wholly Foreign-owned Hospitals (Guo Wei Yi Han (2014) No. 244, hereinafter referred to as the “Circular”), which allows foreign investors to establish wholly foreign-owned hospitals from scratch or through mergers and acquisitions in the municipalities of Beijing, Tianjin, Shanghai, Jiangsu, Fujian, Guangdong and Hainan provinces). Highlights of the Circular include:

-- Foreign applicants shall be independent legal entities with ample experience in directly or indirectly investment or management in the medical and health sector, and shall meet one of the following requirements:

- (1) Be able to provide international advanced hospital management concept, models and service models;

(2) Be able to provide international advanced medical technologies and equipment;

(3) Can complement or improve the insufficiencies of local medical service capability, medical technology, capitals and equipment.

Compared to the previous policy where only very limited opening to the investors from Hong Kong, Macao, Taiwan, or those within Shanghai Free Trade Zone (“FTZ”) can be found, the Circular hasn’t placed any requirement on minimum years of operational experience for foreign investors. (Noted that the definition of “Qualified Overseas Investors” in CEPA refers to the investors who shall have at least 3 years substantial operational experience in medical service sector, while the regulation of FTZ requires the foreign investors to have more than 5 years experience in direct operation or management of medical institution).

-- Approval authority for the establishment of wholly foreign-owned hospitals will be handed over to the provincial level. Foreign applicants should submit their applications to MH&F at municipal level of the targeted locality where medical institutions planned to be established. The municipal level of MH&F will then initial preliminary opinion and submit to the provincial level of MH&F for final approval.

However, we also notice that the pilot program will only be implemented in seven cities and provinces. Some developed areas in Central and Western China, such as Chongqing, Chengdu as well as Zhejiang Province where investment by private capitals are very active have not been included in the list. Besides, the Circular also requests each pilot area to formulate a detailed pilot implementation scheme on wholly foreign-owned hospitals according to their own situations. Therefore, we estimate that following the development of the pilot program as well as further implementation in those pilot cities, more cities are expected to join the feast in the near future.

Another policy trend reflected from the Circular is that China intends to further open the investment in specialized hospitals for foreign investors. It is mentioned that all wholly foreign-owned hospitals under application for setting up shall meet the basic standards formulated by the State. If there is no such standard to abide by, applicants should follow the requirement specified in the Circulars on Approval Administration for the Establishment of Specialized Hospitals (Wei Yi Zheng Fa (2011) No. 87).

The aforesaid Circular No. 87 grants MH&F at provincial level great autonomy to formulate urban plans of specialized hospital in different kinds according to their actual needs, especially in the fields that medical resources are in short supply. In addition, from a series of policies recently issued by Chinese authorities, we have found wordings of “encouraging private capital to directly invest in medical institutions, such as rehabilitation hospital, geriatric hospital, nursing home, hospice facility, among others, to satisfy various demands” . It is therefore expected that more foreign investment might emerge in specialized hospitals of those kinds. What worth noting is that the investment threshold for hospitals of traditional Chinese medicine hospital has not yet been lowered for foreign capital.

Along with other policies recently published in respect to encouraging private capital investment in the medical institution, The Circular also reminds us that the following policy directions that foreign investors should be aware of:

-- The establishment procedure of wholly foreign-owned hospitals may be further simplified. Recently, we are happy to hear that the “pre-approval” of medical license for the registration of a for-profit medical institution with the local counterpart of Administration for Industry and Commerce will be replaced by “post-approval” , which means the business license will be issued before medical approval has been granted. The procedural reform aims to intensify supervision during and after the license issuance.

-- Foreign capital is able to participate in the systematic reform of public hospitals. Under the background that local governments are fully supporting private capital to participate in the restructuring of public hospitals through different ways, the relaxation policy in the Circular actually paves the way, from regulatory perspective,

for foreign capital to take ownership of public hospital by means of merger and acquisition.

-- With the promulgation and improvement of the multi-site practice policy for doctors and the implementation of national treatments for foreign invested medical institutions in the areas of market access, social insurance reimbursement, key specialty construction, professional title evaluation, academic status, grade evaluation, scientific research support, etc., we believe that difficulties and impediments foreign investors now are facing with in their operation will be gradually removed.

-- Services charges in non-public and for-profit medical institutions can be fully determined by the provider through the market mechanism. Besides, foreign-invested hospitals may provide more diversified and personalized medical services to meet different individual demands from their customers according to the market supply and demand ratio, competition status and its own market positioning strategies. As a result, the service charge offered by those medical institutions will tend to be more flexible and competitive. ■

China Releases Measures for Telemedicine Services

By Michael Qu

At the end of this August, the Ministry of Health and Family Planning (MH&F) promulgated the Measures of Promoting Remote Medical Services among Medical Institutions (Guo Wei Yi Fa (2014) No. 51, “Circular 51”). It is the first detailed policy that regulates the activities of the remote medical services conducted among medical institutions, which is meant to serve as the basic rules of “telemedicine”.

Background

It was just early this May that the State Council released the Measures for Deepening the Reform of Medical and Health Care System, in which construction of information technology within the medical and health care regime has been highlighted. Whilst the main reform strategy from the government is to encourage more investment into the health care infrastructure and make every possibility to expand the service range and capacity of existing service arms, the utilization of telemedicine, as a global trend, is definitely a key solution to realize such strategy.

In such context, Circular 51 aims to optimize the resources of big and full-service hospitals, so that they can scatter their service to the community level. It is therefore urged by the government to establish a standardized health care information platform where demographic information, health data and electric medical reports can be shared among government and service providers so that needs from community citizens, in particular those from remote regions, can be met through the advanced technology of remote medical diagnosis and treatment.

According to the statistics from MH&F, as of 2010, the central government has invested roughly RMB8.4 million to support the establishment of community-based remote medical system in most of the Central and Western Regions, and as of end of 2013, there has already been over 2,000 hospitals participating in the remote medical services. With the ever-developing telecommunication and information technologies that enable the provision of clinical health care at a distance, tier 2 and tier 3 hospitals is expected to be more active in participating the remote medical services.

Having that said, the high-risk nature of the medical service itself requires the government to pay more attention to the supervision of the activities conducted through IT platform. In light of this, the implementation of the Circular 51 can be regarded as a governing rule right to the point.

Main rules for telemedicine services

--According to Circular 51, telemedicine can only be conducted within and between medical institutions, regardless of whether it is between domestic medical institutions or domestic institution with overseas hospitals. By definition of remote medical services, it refers only to those supportive medical activities that utilize telecommunication, computer and Internet technologies, such as remote pathology diagnosis, remote diagnosis of medical imaging, remote monitoring, virtual outpatient, on-line history review and diagnosis, etc. Operational medical activities, such as real-time surgery operated by one hospital in the area of another hospital using remote-control surgical robot is deemed as direct service by the operating hospital, and will fall out of the governing of Circular 51.

--It is required that all medical services should be provided in alignment with therapy subject and qualified staffs, technology, equipment and infrastructure. It actually serves also as a general rule of conducting medical services in China. Therefore, even though remote therapy seems to have fewer requirements for hardware, it still presents high practice access threshold such as personnel and technology, with sufficient IT infrastructure being a requisite in addition.

--To specify the service procedures, Circular 51 requests medical institutions that conduct telemedicine services to conclude a cooperative agreement sets forth the terms and conditions, procedures of the cooperation, rights and responsibilities, risk and liabilities of malpractice, among other things. While services provided by the remote hospital serve only as supportive works, the receiving hospital will have a final right to decide whether or not to accept advice provided by the remote hospital.

--Circular 51 also explicitly prohibits any direct service being provided by medical personnel without prior consent from their employer, i.e. the medical institution where the medical staff practices. Further, it is only permitted for medical personnel to provide remote medical services, even after prior consent is granted, on the platform constructed by medical institutions (instead of socialized platform, e.g. mobile APPs). The requirement, reading just from the contents, will play negative impact on the growing business models of remote diagnostic services provided by doctors through Internet or mobile application system.



Looking forward...

Needless to say, the high-tech medical solution is still at its infant stage in China, and regulation in this regard is staying far behind the actual demand. How healthcare reimbursement will play in such a cooperative remote medical service? How patient information should be protected if personal data is shared on different platform created by medical institutions and governmental bodies? Whether there will be any qualification for overseas doctors to provide telemedicine service for domestic patients? These are questions remain to be answered and we will keep tracking the regulatory updates and bring in the first-hand analysis in the future.■

Cross-culture Perspective

New Money vs. Old Money

--Implications for the Chinese Elderly Consumer Behavior and China Aged Care Marketing Strategy

By Jane Zhang

‘Old money vs. new money’ – is a very incisive theory refined by a very high-end care group operation director in the UK. After my recent visits to two of their care homes in London, this has been the most impressive exhortation I would like to draw attention to the divergence of elderly consumer behaviour existed among Anglo-Saxons. From cross-culture perspective, it may have further implications for aged-care investors and operators who actually target the rich class in China market. Specifically, it helps understand the motives and the decision-making process of their end-consumers that in turn adds value to the development of market and marketing strategy.

The view of ‘old money vs. new money’ mainly refers to that individuals or groups at similar level of consumption power display subtle differences in responding to consumption ideology, customer psychology and consumer behaviour due to their dissimilar background and phases of wealth accumulation. The diversity of sub-culture is also significant, even within one single state, province or city, which crucially affects how to evaluate and manage the aged-care market. These were vividly witnessed in care services and marketing practices of a pair of two identical care homes with quite alike scale and market positioning strategy under the same corporate management. Then how ‘old and new money’ could have implied and guided aged-care consumption concept?

- Motivation of Consumption: the demand of ‘old money’ holders is originated from their continued pursuance of the more exciting life style for their old age, whilst the ‘new money’ earners report the unmet needs of elderly health concern.
- Psychology of Consumption: if a care home or care homes can provide what the ‘old money’ holders want, they would rarely be niggling over paying associated fees and expenses; in contrast, the ‘new money’ earners are able to afford luxury care services on their pay but they are seeking care products of good quality to compensate either physical or mental health at the best price.
- Product Strategy: for ‘old money’ holders, care product bundle should be of excellent design and top quality with clear service procedures; for ‘new money’ earners, care products shall be encoded in details and decoded over series of portfolio package with more options.
- Pricing Strategy: to the ‘old money’ holders, it would be all right to set high price for a complete set of high quality service; to the ‘new money’ earners, it might be more appropriate to give discounts or

voucher offerings at a flexible rate of fees.

It's worthy of special mention of the operation director, who used to be a practical nurse and the general manager of a care home, interprets the elderly nursing demands and quality management straight to the point. Moreover, she has been living and working in London for very long time, and she stresses the importance of understanding the locality – local culture and local consumption, for the purposes of marketing. Summarized from the everyday operation and care management, her classical insights into the 'old money vs. new money' have reflected deep division within the Great London metropolitan area, with particular reference to the wealthy luxurious life-style wants and the enriched intensive-care needs.

Well, it does blurt out the truth that there has only been three decades of a rapidly expanding economy in China. The high-end niche for China aged care market must enclose people on the peak of the population pyramid, who are benefiting from the socialism with Chinese characteristics. By touching the stone through the river, a certain proportion of them carry around a new bulging wallet with that sort of 'new money'. Just imagine that those who become prosperous first are just about to retire are not even eager for being called 'the elderly' or being crowded into the senior living community at the moment, but the actual elders who are in real need of nursing care services are still relying on state pensions. Supposing that their kids are rich and are willing to allocate budgets for their seniors' elderly care, senior living and care facility managers must look into the relatively complicated chains of decision-making process. That is, who are the end-consumers? Whose suggestions or advices are actually, strongly incorporated into purchasing decisions? Who will pay the bill? And how do they interact with each other in close consultation with the local community and care homes?

Besides, the Sino-British cultural values are polarized into being dependent and independent living. In comparison with the English elders, the Chinese are more inclined to enjoying expressive feeling of living together with children and grandchildren and showing filial piety, face, diligence and thrifty. If aged-care institutions tend to develop the high-end market, they must digest the core concept of 'new money' and convert it into product design, pricing strategy and promotional campaigns. This is because that the way how to spend 'new money' would deviate from that of old money and the definition of luxury facilities with full-featured and multi-functional services differ from one to the other. For example, 'new money' earners intend to do more bargaining and they would indulge in the success of a negotiation but could still be skeptical about care services.

Due to business and research ethics, both personal and organisation names remain anonymous in this article. Although a pile of materials were collected from these visits, I personally perceived the preposition of 'old money vs. new money' as the most meaningful perspective to do marketing related to China aged care market. Should you wish to transfer the Chinese 'new money' into the elderly care consumptions, you may try to explore the right marketing strategy based on a study of consumer spending alongside the track how they amassed their fortunes. ■

Event Highlight



Intellectual Property Lecture of Law View Partners was held successfully on September 18, 2014

On September 18, 2014, "**Management and Protection of Intellectual Property in the Senior Living Industry**", the second round of lectures on Company Law, organized by Law View Partners, was successfully held in the headquarter office of Shanghai Chengwang Land Limited. Over twenty professionals and practitioners from the senior living industry in various fields attended the event.

Annie Wang, founding partner of Law View Partners began with a general overview introduction of corporate intellectual property system. After guests have a basic understanding for the concept of intellectual property, she analyzed the legal risks related to intellectual property that may arise in senior care institutions and in the course of operation and management of suppliers. She also expressed some unique insights into how to build intellectual property management system.

After that, lawyer WenZheng Huang continued with several case studies addressing the legal risks of intellectual property and explained how to mitigate those risks, which is actually what senior care companies are facing in the Internet context. He then focus on analysis of trade secret protection which is highly relevant to the operation of the enterprise and shared his own experience in establishing internal mechanism for companies to protect their trade secret.

After the lecture, guests and our lawyers had a positive interaction of intellectual property issues encountered in the day-to-day operation of enterprise, which built up the climax of the event.

This lecture created a communication platform for different industry practitioners and was highly welcomed by the guests. After the success of two series seminars, we will plan more lectures on other topics for our clients and guests, so stay tuned. ■

If you want to know more about our newsletter, please contact:

Michael Qu Qin
Managing Partner, Law View Partners

Tel: 86-21-63770228*802
86-13817878607

E-mail: quqin@lawviewer.com



Law View Partners is a boutique law firm in China that specializes in providing services to foreign investors and companies in high-growth sectors. The firm's resources and services span foreign investment and trade, M&A and finance, construction and real estate, corporate compliance, as well as market-leading experience advising clients in corporate transactional advice, intellectual property and commercial litigation. The Firm's strengths are in the fields of senior housing and healthcare; hotel and retail real estate; corporate compliance; and merger and acquisition.

Having represented international companies in their investment in the Chinese senior living market, our clients can benefit from our deep industry knowledge and experience, and from our creative, solution-oriented and responsive approach. Especially we can assist senior care investors and developers with the following issues:

- Advice on structuring business models and regulatory study
- Conduct legal due diligence on project acquisition
- Business incorporation and licensing and negotiate with joint venture partner
- Draft and standardize documents on (i) construction, operation and business transaction; (ii) third-party agreements and vendor's contracts; (iii) policies and procedure for residency
- Advice on finance, tax and government relation
- Deal with issues on intellectual property, licensing, general liabilities and employment.

Jane Zhang
Managing Director, IBC-Joint Group
Research & Consultancy

Tel: 86-21-63307872
86-13516823376

E-mail: jane.zhang@ibc-joint.com



C-joint Research & Consultancy was set up with research initiatives in cultural differences. We believe that, during the era of globalization, 'culture differences' would not merely constitutes 'serious impediments' to cross-national expansions, but may also provide 'magic solutions' for business development. Our senior project managers and consultants have been actively taking part in management consulting, market research and cross-cultural exchanges for various industries.

We have also established a R&D centre conducting industry studies with particular reference to cultural insights. With the continuing improvement of Chinese living standards and people's cognition in the so-called quality of life, China will be gradually demanding high quality services with regard to a wide and varied selection of Housing & Health related products. Over this platform, we honestly think that all industry participants need to be integrated together for system innovations and energy synthesis. In order to achieve so, we offer the following services:

- Comparative Study & Market Research on HealthCare Industry and Housing Market across China & Abroad;
- Knowledge Development & Transfer (including healthcare, service flow and management model etc.);
- System Design & HR Consulting: Organisation Chart & JDs, Performance Appraisal System (esp. KPIs), Remuneration Package & Motivation Scheme, Head Hunting & Labour Dispute Resolution etc.;
- Consultation on Stakeholder Relationship Management in China (including Government, Media, Employer-Employee Relationship)
- Business Visits, Cross-cultural Exchange, Training & Education, etc.