Author's response to reviews

Title: Measuring Financial Protection for Health in Families with Chronic Conditions in Rural China

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Author's response to reviews: see over
Dear Dr. Joanne Reeve,

Re: Manuscript reference No. 1022597784758472

Please find attached a revised version of our manuscript “Measuring Financial Protection for Health in Families with Chronic Conditions in Rural China”, which we would like to resubmit for publication as a research article in BMC Public Health.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers as well as your own comments.

Revisions in the text are shown using yellow highlight for additions, and strikethrough font for deletions. In accordance with reviewer #2’s suggestion, we have slightly modified the phrase and sentence structure, added arguments on one-child-family doctrine in discussion section. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in BMC Public Health.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Jingdong Ma
Responses to the comments of Reviewer #2

1. Sentences are sometimes quite complex. Splitting them into two might sometimes help.

Response: We have slightly modified the sentence structure and phrase in order to increase simplicity and clarity. For example, the phrase “chronic ill member” has been changed into “chronic patient”. 2 complex sentences in the discussion and conclusion section have been divided into two or three:

(1) Original version: “Adding extra insurance for outpatient care or compensation for chronic care of certain diseases should have been a response to such arguments, but where these decisions were largely made by administrators at a county level, the lack of specific knowledge in designing health financing system in these decision makers could not deliver policy change conducted in a systematic way.”

Revised version: “Adding extra insurance for outpatient care or compensation for chronic care of certain diseases should have been a response to such arguments. But these decisions were largely made by administrators at a county level, who are in lack of specific knowledge in designing health financing system. The corresponding policy change could not be delivered in a systematic way.”

(2) Original version: “Driven by the high prevalence of chronic disease and the desire for a better quality of life, there will be a consistently increasing demand for chronic care, which would be a great challenge for the effectiveness and sustainability of the rural health insurance system in China.”

Revised Version: “Driven by the high prevalence of chronic disease and the desire for a better quality of life, the demand for chronic care will be consistently increasing. This would be a great challenge for the effectiveness and sustainability of the rural health insurance system in China.”

2. Do not use abbreviations in the abstract.

Response: In the revised manuscript, the abbreviation of NCMS has been changed into its’ full name: the New Cooperative Medical Scheme.

3. China has generated several of these problems by its one-child-family doctrine. You should address this in details.

Response: In the revised manuscript, we argue that one-child-family doctrine will accelerate the population aging process. And as a result, the prevalence of chronic diseases will increase rapidly.

4. The definitions should be based on more literature.

Response: When it comes to the methodology in the revised manuscript which used to measure the financial catastrophe, 3 references have been added for giving a better support. These 3 new references have been chronicled into References List. And the relevant modification for the serial numbers has been made too.