Author's response to reviews

Title: Integration of rural and urban medical insurance schemes in China: an empirical research

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Author's response to reviews: see over
Based on the comments from reviewers, the following revisions have been made:

1. There is no clear research question stated up front, nor is the purpose of the study in the abstract. Thus the paper is not systematic in its approach and presentation.

The presentation of this paper has been revised with clearly stated purpose of the study.

2. The format of the paper should be streamlined. At present, the discussion of the study only starts on page 13, after a very long series of discussions on "coordinated cohesion." The background and theoretical rationale should be summarized within 1-2 pages.

The discussion has been revised and the background and theoretical rationale have been summarized.

3. The empirical study description starts on page 13, but the authors jump immediately into the administration of the questionnaire. Some basics in terms of the methods seem to be missing. I would suggest starting out with a clear research question (it is now somewhat lost in the background, and could be more clearly spelled out.) In addition, missing is the design of the survey (who did it, was it validated), key outcome variables under study, how are they defined, etc.

Study methods and relative terms have been stated in the paper.

4. The definition of the variables and the results are described in one section. It is suggested that the methods be pulled out and placed in a separate section, and the results would be presented separately.

The methods have been pulled out and placed in a separate section and the results have been presented separately.

5. The policy suggestions are somewhat prescriptive and appear to go well beyond the descriptive findings in the study. It is suggested that the author's limit their paper to the findings in the study, and perhaps make recommendations on policy evaluations for future study.

The policy suggestions have been limited to the findings in the study.

6. Compare with the narration and discussion, the qualitative analysis in the article is weak. For example, the paper talked about the factors (like income, age, gender, education level, family income level) which influence the will towards URBMI and NRCMS integration in the empirical study. It will be better if the paper employ the regression model to do the analysis.

Logistic regression has been applied in this paper for better qualitative analysis.
7. The status quo of health insurance systems in Changshu, Shenyang, Foshan city and Changchun city are not clear. It seems that there are different health insurance modes in the four cities. It’s important to address this issue specifically in the beginning of the empirical research, and answer the question like why the cases in the four cities were selected in the study.

The status quo of health insurance systems have been listed in the papers. Furthermore, for better understanding, the features of each city, including the population constituents have been listed.

8. It will be great if the discussion and the policy recommendation after the empirical study focus more on the results of the empirical analysis. In other words, the connection between the empirical analysis and the following discussion should be enhanced.

Discussion has been revised to focus more on the findings from our analysis.

9. The sampling strategy should be mentioned and the demographic variable of the individuals, such as gender, age, etc., should be described in the empirical study.

Sampling strategy and demographic characteristics have been stated in the paper.

10. Are there any limitations in this study? If the answer is yes, limitations should be addressed in the article.

Limitations of this study have been stated in the paper.

11. In order to make the figures more clear, the horizontal axis and the vertical axis, as well as the units should be added in each figure.

Proper revisions of the figures have been made in the paper.

12. The data from 2009 in page 8 should be updated. Such as “And the total government subsidies for NRCMS enrollees were 80 RMB per farmer in 2009, of which central and local government each contributed 40 RMB. Meanwhile, individual contributions rose to 20 RMB per enrollee such that the average financing level increased to 100 RMB per enrollee in 2009 [15].”

Essential data have been upgraded.

13. The language needs to be strengthened. There are many grammatical errors and typos. For example, page 27, “high subsidies for are provided to ensure that ...”. In many occasions, the authors use Chinese-style English, which is difficult to understand. Direct translation from Chinese to English should be avoided. For example, on page 14 and 15, authors occasionally use the words “From the point of regions, ...”. Do the authors mean “when analyzing data by regions”? In addition, on page 20, what does “hospitalization pay
line” mean? A queue for paying hospital bills?

The language in the paper has been modified, and grammatical errors and typos have been corrected.

14. It is not clear how the survey cities are chosen and whether people who filled in the questionnaire are representative of the general public. Statistical analysis is needed to validate this issue.

Statistical analysis has been stated in the paper, as well as the study methods.

15. Description of questions should be clearer. For example, on page 14, is the question regarding the reimbursement ratio referring to mandated or effective reimbursement rates? At present, the effective reimbursement rate for both URBMI and NRCMS is lower than mandated reimbursement rates of 70-75 percent.

As stated in the paper, the reimbursement rate is mainly referred to “expected reimbursement rate”, in other words, “effective reimbursement rate”.

16. Most results from the questionnaire survey are expected and not new. For example, it is not surprising that rural and urban residents have lower expectations for reimbursements than urban workers, and that these two groups have lower ability to pay than urban workers. The authors may wish to identify a couple of findings from the survey that are worth further exploration. For example, are people’s expectations for higher reimbursement rates related to the level of education and the use of medical resources? In other words, what are new findings generated from the survey? What is the added value of the paper?

According to the logistic regression model in our study, we found that the willingness towards healthcare insurance integration was associated with participants’ education background as well as the local economy. Furthermore, we also surveyed participants’ expected payment range, reimbursement level, and benefit package, which might be helpful for future policy making.

17. On page 16, what do authors mean by “traditional medical insurance system”. Please explain. It is important to recognize that international readers may not fully understand the Chinese context.

Detailed information about URBMI, NRCMS and UEBMI have been stated in the paper.

18. On page 20, please specify the regression equation. What is the dependent variable and how it is calculated? What is the estimation method? OLS? Bivariate analysis? ANOVA? What are the control variables? It is important to let the readers know that conclusions drawn from the statistical analysis have been scientifically validated. For example, the authors conclude that more well-educated people (p.20) are more likely to oppose integration of medical schemes. However, in my personal view, this may be because they are richer or
mostly urban workers, or have learned that challenges have remained in China before integration can be completely achieved in all provinces (which contradicts to the author’s view that this group lacks understanding of integration scheme).

Detailed information about logistic regression has been stated in the paper, as well as its results and corresponding discussions. Chi-square test and multinomial regression were applied in the study, and the results were listed.

19. There are too many repetitions in the main text. The same argument was brought up in different sections repeatedly. The article is lengthy, wordy and can be condensed. There are overlaps between Section 1 “Theoretical analysis: …” and Section 3 “implementation method: …”. It is not necessary to discuss cohesion of financing, payment and etc. in details in Section 1.

The main text has been rearranged and the repeated parts have been removed.

20. The wording should be more concise. For example, on page 3, what does “fairness of medical treatment” refer to? Is it fairness in quality? In price? In accessibility? Fairness involves value judgment and should be used with caution. On page 7, what is “cost standards”? On page 8, what is “payment standards”? Is it the level of individual contributions? What do authors mean by “... to determine the payment standards, which means to expend link-up with treatment”? The description gives readers an impression of a provider payment system, but I am sure authors are not talking about provider payments. Another example is on page 14, “for urban residents and farmers, the payment mode is quota payment”. What does “quota payment” mean? Can it be rephrased as (in the context of the NRCMS and URBMI) “fixed premiums per enrollee”? There are other sentences that cause confusion.

The wording and expressions in the text have been revised to avoid misunderstanding.

21. I suggest that authors compare mechanisms of health insurance integration across different regions using a framework or table to help the readers to better understand the contents. Currently, the related information is scattered.

Comparison of healthcare insurance schemes in the four cities has been listed in Table 2.

22. Readers will want to take away key lessons from the paper. Therefore there should be a conclusion section. Limitations of the work should also be addressed.

Conclusion section and limitations have been added in the paper.

23. The paper should be reorganized and sections should be labeled properly. Overall, the structure is loose.
The overall structure of the paper has been reorganized and sections were properly labeled.

24. Authors should be careful about not using the wrong terminology. People’s “willing to pay” does not equate to “ability to pay”.

In our study, we focused on the willingness and their expectations on the healthcare insurance, while the ability to pay is one of the factors affecting their willingness.

25. It is not clear why the authors think that the willingness to embrace insurance integration is important in China. Moving towards an integrated insurance system has been and will continue to be a trend. In this context, investigating people’s willingness may not add much value to policymaking.

Even though the insurance integration is inevitable and has been a trend, we can not neglect the challenges ahead. By studying participants’ willingness towards integration and the reasons as well as the factors associated with it, we could have a better understanding the factors that hinder the integration progress from the aspect of mass population, which could be beneficial for the further and smooth implementation of integration.

26. Page 6, the first half of “Theoretical analysis..” could have been more well written.

The whole text has been rearranged with supplant introduction and background about healthcare insurance in China.

27. Data collected from questionnaires could have been analyzed better. If the authors have carried out statistical analysis, the statistical results should be presented. Trend graphs are not sufficient.

Chi-square test and logistic regression were applied in the study, and the statistical results have been presented in the paper with Bar graphs and tables.