

BMJ -
Decision on
Manuscript
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Body: 16-May-2019

Dear Prof. Fang

BMJ-2019-049505 entitled "BMJ China Collection: Enhancing Financial Protection under China's Social Health Insurance to Achieve Universal Health Coverage"

Thank you for sending us this paper and giving us the chance to consider your work. We sent it out for external peer review and discussed it on the editorial committee. We hope you are able to amend it in the light of our and/or reviewers' comments, we would be happy to read the revision.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

1. The paper would merit from native speakers' help in language.
2. When revising the paper, please consider following the structure. Please feel free to use different subtitles and make sure they are succinct
Context/background
What was proposed in the 2009 reforms
What has been achieved since 2009 (with a discussion on why things have turned as they have)
What should be done now to further progress
Conclusion
3. You may want to shorten the introduction and briefly introduce the context of the reform. What was the financial protection policy before 2019? Why the 2019 reform on financial protection was needed?
4. Increasing coverage will increase utilization of healthcare, but it does not equal to better quality. When talking about coverage and financial protection, can authors also discuss health quality? If they do not have the data/measures for quality, could they acknowledge the importance of evaluating it and make recommendations accordingly?
5. The paper would benefit from a better summary/interpretation of data. For example, it is interesting to know the proportion of OOP change over time, what the impact it had? What the trend suggested?
6. Please clarify on terms such as "access", "vulnerable population" "catastrophic health expenditure" etc. in the context of this article to inform BMJ general and international readership. Reviewers gave good suggestions; we hope you find them useful.
7. The three reasons for insufficient financial protection have some overlaps. Please revise your arguments to avoid redundancy. The authors should also explain why self-referral can generate higher OOP in China since different countries have different systems and payment policies.

We hope that you will be willing to revise your manuscript and submit it by May 20. When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your revision may be sent again for review.

Once you have revised your manuscript, go to <https://mc.manuscriptcentral.com/bmj> and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Revision" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

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I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Daoxin Yin
dyin@bmj.com

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

General comments

- In my view, the paper overlooks/ do not put adequate emphasis on one of the main key issues: poor/weak use of the schemes purchasing power to negotiate prices and limit balance billing. The extra amount of money has not translated into financial protection because of the schemes inability to discipline pricing practices of providers. This is too important to be somehow neglected.

- The overall point that through extra money as a solution is 'unfeasible' (unsustainable?) is arguable. If this extra money would have been accompanied by a provider payment mechanism reform, it could have worked. The current level of OOP/CHE is not bigger than in countries that have achieved decent levels of financial protection.

- I would suggest to include a figure/table describing the schemes main features.

- The paper require in-depth English editing.

Specific comments:

- Technically speaking 95% population coverage is not equal to 'universal'. Truly universal are only possible when the entitlements are linked to a sort of automatic (passive) enrolment. So, I would question whether we can say that China has reached 'universal population' coverage.

- Relative high level of OOP do not automatically translate into financial protection issues. For instance, Sri Lanka has 50% OOP our of current health expenditure but no big issues on financial protection. The paper makes a point that high OOP/CHE leads to issues on FP. This is not always the case.

- Financial protection can also be tackled by other models. The paper gives only a role for the SHI schemes. What about resources being spent from budget allocations? It should not be ignored.

- The terms cost-sharing and co-insurance are used interchangeably. The reader would help using only of them or qualifying the differences. Also, the use of the term 'coinsurance' may be not adequate since most of the beneficiaries are subsidised, thus no paying any premium/contribution. Table 2 uses as way do define what % the insurance schemes cover.

- The assumption that 25% OOP should still mean issues on FP is not accurate (line 50, page 10). Most European countries have OOP around 20% and they enjoy FP.

- The point on reforming PPM (Lines 31-36 in page 12) should be further developed because it is the critical piece of the reform (far more than targeting).

- There are sentences that are quite difficult to follow. Examples: lines 40 to 48 in page 8 or line 37 in page 10.

Additional Questions:

Please enter your name: LLUIS VINALS TORRES

Job Title: Health financing regional adviser

Institution: WHO

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here: None

Reviewer: 2

Recommendation:

Comments:

This paper provides a detailed summary of the current state of financial protection for China's population under its social health insurance system, as the title aptly suggests. It makes the case that despite China's ambitious reforms to achieve universal health coverage, household out-of-pocket expenditure on health remains high and protection against catastrophic health expenses is limited.

Major comments

1. A key message of the paper is that financial protection should be enhanced for the poor and "other vulnerable populations". The authors should clarify and explain what these "vulnerable populations" are.
2. The URBMI and RNCMS were merged to form the URRBMI in 2016, presumably to address urban-rural disparities in financial protection. Are more recent data available, perhaps on the provincial level, to show whether such disparities have been reduced?
3. A fundamental cause of "inefficiencies in China's health care system" is perverse supply-side and provider incentives increasing the financial burden on patients, as the World Bank highlighted in its 2016 report. The authors point out in their recommendations that it is important to "design a well-aligned provider payment system". It would be helpful to the reader if the authors could explain what they mean here and also include this point in their discussion of why improvement in financial protection has been limited.

Minor comments

1. Para. 1, "Introduction" – please explain what "annual inpatient hospitalization rate" means and what the denominator is.
2. Para. 1, "Financial protection is relatively weak..." – I couldn't see how the statement "People had better access to quality services, technology and medicine, and lower probability of not receiving care." followed from the previous sentence or Figure 1.
3. Figure 2 shows that the increase in household expenditure on health appears more marked in rural compared to urban areas. This could be highlighted in the discussion.

Additional Questions:

Please enter your name: June Leung

Job Title: Clinical Assistant Professor

Institution: School of Public Health, The University of Hong Kong

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests (please see BMJ policy) please declare them here: I have no competing interests to declare.

Reviewer: 3

Recommendation:

Comments:

This is a helpful and approachable review of the personal finance of China's universal health insurance program, which has undergone rapid changes in the past two decades. Overall, I have no major concerns and think that the fairly straightforward description of national scale data appears appropriate if the data sources are reliable, which I don't have enough information to assess. I do have a few suggestions for what could improve the paper if the data are available:

- 1) The paper mentions improved "access" many times but there is not much data on actual measures of access. There are measures of utilization and catastrophic health expenses, but not much detail on, for example, what proportion of the population forgoes care due to cost. These data may not be easily available, in which case the authors should be more circumspect about assuming improved access due to increases in utilization.
- 2) The increases in utilization in the first paragraph, outpatient and inpatient, are *massive* and exceed the rates of service use in the US. I find them a little hard to believe. If they truly are national rates of hospitalization and outpatient visit use, how can the Chinese system bear the huge influx of patients? This is not exactly in the scope of this paper perhaps, but it could at least be alluded to.
- 3) China is so huge, geographically and culturally diverse, it seems like some discussion of regional differences is merited. Does the health insurance support go further in rural areas where I imagine care is cheaper?
- 4) It would be helpful to know more about the breakdown of out of pocket spending by type of utilization, i.e. outpatient visits, medications etc.

Additional Questions:

Please enter your name: Michael Barnett

Job Title: Assistant Professor of Health Policy and Management

Institution: Harvard TH Chan School of Public Health

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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If you have any competing interests (please see BMJ policy) please declare them here:

Reviewer: 4

Recommendation:

Comments:

This is really a great article. Congratulations to the Authors. The article identified three keys gaps for SDG's 3.8 China Health Insurance System is facing as well as many countries (strengths of the article): (i) Insufficient target of poor population with public financing that can't be enough for all anytime; (ii) Provider payment not including quality & efficiency; and (iii) Inefficiency of the health system that makes the healthcare services expensive. The article provides the data supporting the above facts.

The weakness of the article is the lack of the comparison with the best practices in the identified gaps (targeting the poor population with public funds, insurances paying building quality & efficiency in the provider payment mechanisms, efficient healthcare systems. The comparison will help much China to consider the recommendations of the article as feasible.

Additional Questions:

Please enter your name: Claude Sekabaraga

Job Title: Managing Director & Senior Health Financing Specialist

Institution: Quality & Equity Healthcare

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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