

Special Interview

Prof. Hengjin Dong, Associate Editor, BMC Health Services Research

董恒进教授访谈，《BMC 卫生服务研究》副主编

Professor Hengjin Dong joined the Center for Health Policy and Management Studies, Zhejiang University School of Medicine in July 2009. Prior to that, he was the lead of Junior Group of International Health Economics and Health Financing at Institute of Public Health, Heidelberg University since 2006. He was a Senior Research Fellow at Brunel University (2004-2006) and Heidelberg University (2000-2004). He also had served 14 years at Fudan University Shanghai School of Public Health (formerly Shanghai Medical University) before he moved to Europe. His research focuses on health policy, health economics, healthcare financing, pharmaco-economics and health technology assessment. He has been an associate editor of BMC Health Services Research since 2012 and he is a member of the editorial board of Pharmacoeconomics. Ms. Yan Ding (PhD candidate) interviewed Professor Dong on April 24, 2013.



董恒进教授于 2009 年 7 月起就职于浙江大学医学院卫生政策与管理学中心。2006 至 2009 年，他在德国海德堡大学公共卫生研究所担任国际卫生经济与卫生筹资研究组组长。他曾分别在英国布鲁内耳大学（2004 到 2006 年）和德国海德堡大学（2000 年到 2004 年）担任高级研究员。在此之前，他在复旦大学（原上海医科大学）公共卫生学院工作了 14 年。董教授的研究兴趣是卫生政策、卫生筹资、药物经济学及卫生技术评估等。他于 2012 年担任《BMC 卫生服务研究》副主编，同时是《药物经济学》编辑委员会成员。丁燕于 2013 年 4 月 24 日与董教授进行了此次访谈。

1. Related information of BMC Health Services Research

《BMC 卫生服务研究》相关信息

Yan: Could you please briefly talk about BMC Health Services Research?

丁燕：您能简要地介绍一下《BMC 卫生服务研究》的特点吗？

Prof. Dong: First of all, it is an open access journal, which offers readers with free access to all its articles. In addition, it focuses on the topics of health services research, in particular healthcare financing, health services utilization, etc.

董教授：首先它是一个开放的学术刊物，读者可以免费浏览刊物内的学术文章。其次，它关注的主题是卫生服务研究，主要包括卫生筹资、卫生服务利用等等。

Yan: Has the journal ever changed its focus areas over the years?

丁燕：这些年，它关注重点是否有转移？

Prof. Dong: It is hard to tell whether the journal's emphasis has ever been changed. It focuses mainly on health services research, which includes capacity building, healthcare financing, health equity, etc. We cover a wide range of topics, while the exceptions of clinical studies, which we usually do not publish.

董教授：很难说有侧重点的转移，主要是卫生服务研究，这是它的重点，包括培训、卫生筹资、公平性等等。涵盖的面比较广，一般不发表临床方面的研究。

2. Manuscript reviewing process

审稿流程

Yan: Could you tell us about the manuscript review process?

丁燕：您能介绍一下审稿流程吗？

Prof. Dong: First of all, the editorial office receives manuscripts submitted through the online submission system. The editorial office will distribute the manuscripts to associate editors while trying to match the subject area of the manuscript and the associate editors' expertise. After being assigned a manuscript, an associate editor will start the initial review, and make a judgment whether an external review is warranted. If the associate editor concludes that the manuscript fails to meet the journal's standard even after a revision, he/she will recommend to the editorial office rejecting this manuscript. If a manuscript is recommended rejection by an associate editor, the chief editor might review again. If the chief editor concurs, he/she will make a final decision of rejecting the manuscript. If the associate editor concludes the manuscript could be considered for publication, external referees will be invited for peer review. Then the associated editor and external referees will provide their comments and recommendation for revision to the editorial office. The editorial office will then notify the author a decision of revise and resubmit for the manuscript. When a revised manuscript is received, an associate editor will evaluate it with the review comments in mind, and generally it is not necessary to send the manuscript back to the referees for review again. However, if the referees have raised a lot of critical comments, we may send the revised manuscripts back to them for review.

董教授：首先（作者）网上投稿到编辑部，编辑部根据文章内容和各个编辑的专长，把文章分发给相关编辑。编辑收到文章后自己先看，个人判断是否需要外审。如果责任编辑觉得这篇文章即使修改也不会符合杂志要求，则建议编辑部拒稿。对于责任编辑建议直接拒稿的文章，相关部门主编可能会再审阅一次。如果编辑部也觉得文章确实不符合要求，会最终拒稿。如果责任编辑在审阅文章后觉得文章可以考虑发表，则会外送文章进行同行评议。之后责任编辑会将外部同行评议人及自己对文章的意见和修改建议反馈给编辑部。对于觉得文章经过修改后有可能达到发表要求的文章，编辑部联系作者建议修改。文章修回，责任编辑会结合之前的建议重看，一般不用再发给外评专家评阅。如果之前外评专家对文章提出了很多重大修改建议，在收到这些修回的文章时一般还会发给外评专家评阅。

Yan: Is there a situation that the associate editor and the referees disagree? If so, how would you manage that?

丁燕：有没有责任编辑和同行评议人意见不一致的情况？如果不一致，怎么处理？

Prof. Dong: personally, I would attach more importance to the peer reviewers' comments. Sometimes peer reviewers think a revised manuscript does not meet the journal's standard, and I will reject it according to their recommendations. If they consider a manuscript not suitable for publication in its current stage but can be improved, I would return it to the author for further revision. If I, as an associate editor, disagree with the peer reviewers, I would report the comments and recommendations to the editorial office for them to make the final decision.

董教授：我基本上根据同行评议的意见。有些同行评议觉得（修回的）文章不太好，我会拒绝发表该文章。如果觉得虽然不是很完美，但是可以修改，那继续返回修改。如果我作为编辑和评审专家意见不同，我会把相关意见和建议返回编辑部，最终的决定权在编辑部。

3. The selection criteria of peer reviewers

同行评议人的选择标准

Yan: How do you select the peer reviewers?

丁燕：您如何选择同行评议人呢？

Prof. Dong: I would select the peer reviewers according to the manuscript's topic, as well as the research area, such as the country where the study was conducted, etc. Thanks to the well-developed internet technology, we can simply type in a manuscript's subject in the search box and look for researchers who have published on a related topic. In addition, I also choose researchers who I personally know that they are experts in the field and have the capacity as peer reviewers. In general, we have selected external peer reviewers from the pools of both domestic and abroad research communities.

董教授：根据文章的主题，还有研究范围，如国家等。现在网络比较发达，在网上输入文章主题后能检索出哪些人发表过类似文章，可以从中选择一些人作为同行评议人。另外，有些我认识的人，我知道他们在这方面做得比较好，有这方面的知识可以帮助评审，我也会选择他们作为同行评议人。总体而言，有一些来自中国的外部评议人，也有一些来自国外的外部评议人。

4. How long does the reviewing take?

审稿所需时间

Yan: How long does it usually take from receiving a manuscript to making a decision of rejection or sending it for external peer review?

丁燕：从您接到编辑部发过来的文章到做出拒绝或送外审的判断，一般多久？

Prof. Dong: It usually takes 3 days. According to the requirements of the editorial office, the associate editor must provide feedback and suggestions within three days after a manuscript is distributed.

董教授：三天。按照编辑部要求，文章由编辑部发到责任编辑处，三天内责编向编辑部反馈意见。

Yan: How about the peer review? Does it usually take two weeks?

丁燕：对于同行评议，一般两周，对吗？

Prof. Dong: The peer review takes about two weeks in principle, but not every peer reviewer could complete the review within two weeks. Some people are very busy, and they may decline the peer review invitation, so I need to invite other peer reviewers. Some people may accept our invitation, but could not complete the review, so we will send an email reminder. If they could finish reviewing the manuscript before the due date after the reminder, we have to select another peer reviewer. Including the associate editor, we need comments and suggestions from at least three reviewers on each manuscript.

董教授：同行评议，理论上是两周时间，但是不是每位同行评议人都可以两周内完成评阅。有些人比较忙，收到评阅邀请时会拒绝评议，那么我需要继续邀请其他同行评议人。有些人同意评阅，但是两周内没有完成评阅，我们会发邮件提醒。如果经过提醒还是不能在规定时间内完成，那么我们需要重新选择另外的同行评议人。包括我在内，至少要有三个人提出对来稿的意见和建议。

5. Authors from China and the characteristics of their manuscripts

中国投稿者及其文章特点

Yan: Are there many authors from China who submit to the BMC Health Services Research?

丁燕：向《BMC 卫生服务研究》投稿的中国作者多吗？

Prof. Dong: There are authors from China, but not a lot. I have about 30% of manuscripts from China.

董教授：中国投稿者有，不是很多，从我手上大概 30%左右。

Yan: In general, what are the characteristics of manuscripts from China?

丁燕：总体上，中国投稿者的文章有哪些特点？

Prof. Dong: Overall, the quality of their manuscripts is good. The advantage of these manuscripts from China is the relatively large study sample size. But because English is not the authors' native language, writing is the weakness. In some cases, the research method was not presented in detail, but mostly a general introduction. In addition, regarding the discussion section, it sometime fails to tie closely to their results or findings, and the discussion section in some manuscripts is too broad and thus lacks focus. Generally there is no problem with the statistical analysis. However, sometimes the statistical analysis is not in-depth, and many of the manuscripts conducted only descriptive analysis.

董教授：总体上写得不错，中国作者的优势是样本量一般比较大。不过因为英语不是母语，相对而言，语言上有些欠缺。研究方法有时写得不是很详细，笼统介绍的比较多。另外在讨论部分，讨论没有紧扣结果/发现部分，有些来稿讨论部分拓展得比较大，比较宽泛。统计分析基本上没什么大问题。不过有时有些分析不是很深，描叙性的比较多。

Yan: Is the journal not interested in descriptive studies?

丁燕：这份期刊对于描叙性研究不太感兴趣吗？

Prof. Dong: No, this journal is definitely interested in descriptive studies. But we are focusing mainly on identifying the causes and interpretations of the results, and we need analyses beyond descriptive studies.

董教授：不，（这份期刊对）描叙性研究当然也感兴趣，但主要是要找出原因解释结果，找出描叙性研究背后的东西。

Yan: It is relatively difficult for the Chinese authors to grasp the essence of discussion. Sometimes they may have gone too far away from their results, and sometimes they just stop at a simple conclusion or description without digging into the causes and effects.

丁燕：觉得讨论比较难把握。有些时候走得太远，有些时候又停留在简单的总结描述上，没有深入进去。

Prof. Dong: That's correct. Some discussions on causes can be offered in the discussion section, which should be provided in details. More references are needed to support the findings or to interpret the hypothesis. If authors from China could address these issues in the discussion section, the quality of their manuscripts could be substantially improved.

董教授：对。结果分析中应该有些原因分析，讨论再深入些，多引用相关文献以佐证发现、解释假设。这些方面能做得更好的话，中国文章是很不错的。

Yan: Besides the several aspects above, do you have any other suggestions for Chinese authors who plan to submit their manuscripts to BMC Health Services Research?

丁燕：除了加强上述几点，对于打算向《BMC 卫生服务研究》投稿的中国人，您有哪些建议？

Prof. Dong: Before submission, it is helpful to take a close look at the authors' guidelines and get familiar with the requirements of a journal. The authors' guidelines are available on the official website of a journal.

董教授：投稿前，仔细看杂志的指南，熟悉相关杂志的标准。这些作者指南都可以在杂志的官网上找到。

6. Notable China Health Issues

值得关注的中国卫生问题

Yan: Regarding health issues in China, do you have any topics in your mind that interests you?

丁燕：对于中国卫生，您觉得哪些内容值得研究人员关注？

Prof. Dong: There are a lot of notable topics in the China Healthcare Reform. The most successful story in the reform is the New Rural Cooperative Medical System (NRCMS). Some interesting topics related to NRCMS include management, fund utilization, as well as potential problems.

董教授：中国医疗改革值得关注的内容很多。中国改革最成功的是新农合，但是怎么来进行管理，怎么有效地使用资金，存在哪些问题等？

Yan: Personally I do not know too much about the NRCMS. And some friends of mine who are familiar with this topic commented that there are too many studies on NRCMS and they couldn't find innovative perspectives.

丁燕：关于新农合，我个人了解不多，但研究新农合的朋友反映相关研究太多，他们找不出有新意的地方。

Prof. Dong: That's true, and it depends on perspective. For instance, from the perspective of society, one interesting topic is the possible policy interventions to address the difficulty of getting medical service with the NRCMS.

董教授：对，看你从哪个角度分析。比如管理方面，如果站在社会角度，怎么利用新农合解决看病难问题，这个政策调整的问题（就值得深入研究）。

Prof. Dong: Another notable topic is the reform of public hospitals. A lot of topics are interesting, such as how to improve the efficiency and equity of the public hospitals, how to address the difficulties of getting medical service, and how to improve the patient's process of visiting hospitals.

董教授：另外是公立医院的改革。怎么提高医院效率提高公平性，解决看病难问题，解决医院流程问题。好多东西都值得去研究。

Prof. Dong: Another topic I would recommend is on private hospitals. There are many private hospitals emerged over the past decades. However, research on private hospitals is limited. Studies on how to encourage private investment in hospitals would be useful.

董教授：还有对医院办医的研究。现在民营医院比较多，但对民营医院的研究不多，怎么鼓励民营投资值得研究。

Prof. Dong: The hospital payment system is also an interesting topic. A research project could compare the efficiency of different hospital payment systems by Diagnosis Related Group (DRG) or Fee for Services. In order to do that, we first need to know the cost of medical services, which are unknown even to many hospitals. Hospitals may know the total cost, but they may have no idea about the unit cost for a single medical service. In addition, we need to understand the clinical treatment protocols, which are related to the clinical practice, as these are disease-specific protocols. We would know the medical services involved if we have the protocols. As a result, we would know the total costs to treat the diseases, including the pharmaceuticals, once we have the unit costs of all the services. If we could combine and summarize the data from all hospitals, DRG-based payment system could be developed after some adjustments. Although DRG-based payment system may be difficult to implement and it does have some limitations, it has a clear advantage in cost control.

董教授：同时支付机制方面也值得关注。哪种医院支付机制比较好，是按病种支付还是按服务项目支付等等。首先需要知道服务的成本，这个很多医院不知道。医院知道总成本但是不一定知道单元服务成本。另外按照什么标准治疗疾病，这涉及到临床路径，对特定疾病要有标准的治疗方法。如果制定标准治疗方法，能知道涉及哪些服务内容。如果知道各服务单元的成本，相关疾病的治疗成本包括药品就知道了。把所有医院的这些资料统计在一起，再进行一些调节，可以设计按病种支付的方法。难是比较难，按病种支付也有它的缺点，但它在控制成本方面有优势。