

INTERVIEW WITH DR. FENG XINGLIN

冯星淋博士访谈

By *Jing Li*
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Dr. Xinglin Feng is an associate professor in the Department of Health Policy and Administration at School of Public Health, Peking University. He is the Principle Investigator of the CMB Open Competition-awarded research proposal titled “How does provider payment method enhance/mitigate the effects of demand side subsidies in reducing medical impoverishment for delivery care?”

冯星淋博士是北京大学公共卫生学院卫生政策与管理学系副教授。他主持的研究项目“供方支付方式如何促进 / 缓和需方补助在减轻住院分娩带来的贫困中发挥的作用”获得了 CMB 公开竞标项目的支持。

Jing Li is a doctoral student in the Health Economics Track of Health Services and Policy Analysis program at University of California, Berkeley.

李婧为加州伯克利大学卫生服务与政策分析专业卫生经济方向博士生。

Jing: What are the most important considerations in the choice of research topic?

李婧：您此次选择研究课题时最重要的考虑是什么？

Dr. FENG: First, The CMB Open Competition is highly competitive for young researchers. I believed I have to show my previous research experience as evidenced by my publication records. We did some research to understand the coverage of institutional delivery and maternal, child and neonatal mortality in China. We found that changes in hospital delivery could fully explain the trends in maternal mortality and accounted for 48-70% change in neonatal mortality in China. The national strategy in institutional delivery in China has been successful. In 1988, only less than half of all women gave birth in hospitals, yet twenty years later hospital births have become nearly universal. Meanwhile, using national data, Long et al. (2011) reported that institutional delivery care accounts for a substantial proportion of a poor household's annual income. Based on these observations, we formulated our original idea to understand how households can afford the costs. I think this is the most important reason for choosing the topic.

Second, to achieve universal coverage of health care, demand side subsidies have been widely promoted in China, for which the New Cooperative Medical Scheme (NCMS) is a cornerstone. However, previous research findings on NCMS are mixed. For example, Wagstaff et al. (2009) reported that the NCMS have increased catastrophic spending, particularly among the poor. Zhang et al. (2010), on the other hand, found that the NCMS have promoted equity in health financing as poor inpatients can acquire more protection than the non-poor. We thought that there might be two reasons for the mixed findings in previous researches. Firstly, as methodological considerations, traditional economic analyses have focused on general uptake of inpatient or outpatient care, without qualifying the type or content of specific care received. Data have relied mostly on cross-sectional surveys where catastrophic expenditures have been measured using recalled expenditures and income. No study has investigated the actual consequences of catastrophic health expenditures on a family's impoverishment over time. Secondly, as health system considerations, former study designs considered the health system as a black box which limited the scope to inform policy by ignoring the interplay of dynamics of health system in the reform. It is widely acknowledged that incentives of Chinese health providers have long been distorted due to the retrospective fee-for-service (FFS) payment system. As a result, the poverty alleviating effects of government subsidies may be diluted or

even reversed. China's safe motherhood policy has a number of inherent characteristics that allow us to address the above limitations and therefore we choose this topic for the CMB OC.

冯星淋：首先，CMB 公开竞标项目在青年学者中的竞争是非常激烈的。我认为我需要用过去发表的文章来证实我在这方面的工作基础。我们曾做过有关中国医院分娩保险和妇女儿童及新生儿死亡率的研究，结果发现住院分娩率的变化能够完全解释妇女死亡率的变化，并能解释 48-70% 的新生儿死亡率的变化。我国关于住院分娩的国家政策是较为成功的：1988年，只有不到一半的妇女在医院分娩，而二十年后几乎所有的妇女都在医院分娩。与此同时，Long et al. (2011) 报道了住院分娩费用在贫困家庭的年收入中占比很高。依据这些发现，我们形成了关于了解家庭分娩费用负担的最初构想。这是我们选择这一课题最重要的原因。

其次，为了实现全民医保，中国大力开展了需方补贴，新农合是一项标志性的政策。但是现有的关于新农合的研究结论却并不一致。举例来说，Wagstaff et al. (2009) 发现新农合增加了家庭大病卫生支出，在贫困家庭中尤其明显。Zhang et al. (2010) 却发现相对于非贫困家庭，新农合对贫困家庭对住院费用的保障程度更高，起到了促进公平的作用。我们认为两方面的原因可能导致了这样不一致的研究结果。其一，从研究方法的角度来说，既往的经济学研究只关注一般的住院或门诊服务，而不进一步细分卫生服务的种类和内容。所采用的数据也多来源于横截面调查数据，家庭收入和卫生支出往往依靠调查对象回忆获得，以此测量大病卫生支出的发生，而没有对卫生支出对家庭的长期影响进行追踪。其二，从卫生系统的角度来说，以往的研究多数把卫生系统看作一个黑匣子，忽略了卫生改革过程中系统内部各因素的互动作用，这样的研究对政策的贡献是有限的。中国目前按项目付费的制度为医疗服务者提供了扭曲的激励机制，因而政府为缓解贫困提供的补助有可能事倍功半，甚至适得其反。中国住院分娩政策的诸多特点能够让我们弥补这些过去研究中的不足，这也是我们选择这一课题的原因。

Jing: What is the proposed empirical methodology used in this study?

李婧：研究采取的实证方法是什么？

Dr. FENG: This is basically a cohort study. Three counties varying in their payment arrangement for delivery care will be studied. Women are included in the cohort 42 days after delivery and followed up 9-12 months later to observe the impoverishing effect of delivery care.

冯星淋：我们的研究采用队列研究的设计。调查选取了三个对于住院分娩采取不同支付制度的县，调查对象是 42 天内在医院分娩的妇女。我们对其进行 9-12 月的跟踪调查，从而观察住院分娩的因病致贫情况。

Jing: How the research results will impact health policy and systems sciences in China?

李婧：您认为研究结果对于中国卫生政策和系统科学有何影响？

Dr. FENG: Demand side subsidy is a major strategy in achieving universal coverage of health care. Firstly, by asking the "what" question, we want to find rigorous evidence on the impoverishing effect of delivery care giving substantial demand subsidies carried out in China. Further, by asking the "how" question, we want to understand how incentives induced by various payment arrangement affect providers' behaviors and therefore the actual financial protection effects. We think the two questions are both important to informing evidence-based policy.

冯星淋：需方补贴是促进全民医保的重要手段。我们首先问的问题是“是什么”。在现有的需方补助政策下，医院分娩对于贫困状况将产生什么影响？对此我们希望找到相对科学的证据。我们想问的另一个问题是“为什么”。我们希望了解不同支付制度产生的激励机制如何影响医疗服务者的行为，并最终如何影响医保的财务风险防范能力。我们认为这两个问题对医疗政策的制定十分重要。

Jing: What is your most important learning experience from the CMB OC grant application? How do you think it will affect your future academic career?

李婧: 您在此次 CMB 公开竞标项目申请过程中最重要的收获是什么? 您觉得这对您未来的学术生涯有怎样的影响?

Dr. FENG: The most important learning experience for me is to be persistent. We submitted the proposal for last year's CMB OC application and were offered a chance for the full proposal competition. We were not funded last year. I almost gave up this topic this year. However, a senior professor asked me to revise and submit it again. Actually, this might be the first barrel of gold for me to win the OC, of which the direct impact is that I can somehow continue my previous research. I am deeply grateful for CMB's support of the young generation of researchers in China to further their academic development.

冯星淋: 我最重要的收获是坚持。去年的 CMB 公开竞标项目我们提交了申请, 并且得到了提交完整研究计划的机会, 但最终没有通过。今年我几乎放弃了这一课题而转投其他的课题, 但是一位资深教授让我重新修改并提交原来的课题。事实上, 能够继续我之前的研究也许是我赢得公开竞标项目所收获的第一桶金。我非常感谢 CMB 对青年学者学术发展所提供的支持。