# INTERVIEW

## FROM PHYSICS TO HEALTH ECONOMICS: PROFESSOR LI LING, PEKING UNIVERSITY

从物理学到卫生经济学：李玲教授访谈*

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Dr. LI Ling is Professor of Economics and Deputy Director of the China Centre for Economic Research (CCER), housed within the National School of Development, Peking University. Professor Li has an M.A. and a Ph.D. in Economics from the University of Pittsburgh. She also has an M.A. in Economics and a B.S. in Physics from Wuhan University. She serves an advisor to the Ministry of Health of China and an expert consultant on China's healthcare reform for the World Bank. From 2000 to 2003, she was a tenured Associate Professor at the Department of Economics, Towson University. She has also been a faculty member of the Department of Management and Marketing at Hong Kong Polytechnic University and a teaching fellow of the Department of Economics at University of Pittsburgh. Professor Li's current research interests and teaching fields focus on Health Economics, Health Services Management, Economics of Aging, Economic Growth Theory, and Public Finance.

**李玲教授简介：**李玲博士现任北京大学国家发展研究院中国经济研究中心教授、副主任。曾任美国 Towson 大学经济学院经济系副教授 (终身职) ，2003 年至今担任世界银行中国医疗卫生改革专家顾问，2005 年至今担任中国卫生部政策与管理专家委员，2007 年起担任国务院城镇居民基本医疗保险试点评估专家组成员。2000-2003 年曾担任香港理工大学部门咨询委员会非正式召集人和香港理工大学医疗管理学硕士项目负责人。李玲教授先后于 1982 年和 1987 年获武汉大学物理学学士学位、经济学硕士学位；接着求学于美国匹兹堡大学，并于 1990 年获得经济学硕士学位、1994 年获得经济学博士学位。她曾获得美国 Towson 大学 1995-2000 共六个年度的优异表现奖，曾获美国匹兹堡大学 1994 年“McKay 博士前教育奖学金”和该校教学优秀资格认证。李玲教授主要教学与科研领域是卫生经济学，卫生服务管理，医疗计划和评估，和商业研究方法。她曾在 Towson 大学和匹兹堡大学讲授管理经济学、微观经济学、老龄经济学等。

### 1. Career Path
### 工作经历

Rui: Professor Li, I'm really glad to have this opportunity to talk with you. I heard that you graduated from Wuhan University, received your doctoral degree from the University of Pittsburg, and then returned to China. Would you please tell us more about yourself?

李蕊：李教授，很高兴能对您进行这次访谈。我听说您毕业于武汉大学，在美国匹兹堡大学获得博士学位，然后回国发展。您能更多给我们介绍一下您的经历吗？

Professor Li: My career path has been very simple, just moving around from one university to another. In 1978, I was admitted to Department of Physics at Wuhan University as an undergraduate, and became a faculty member at the school after graduation. Two years later, I enrolled into the graduate program at Department of Physics, and after another two years transferred to Department of Economics. In 1987, I went abroad to study at University of Pittsburgh and received my Ph.D. degree in economics. I was a faculty member at Towson

* The English version was translated from the original transcript in Chinese. In case any ambiguity arises, please refer to the Chinese version.

University in Mary for 10 years before I came back to China to work at the National School of Development, which was called the China Center for Economic Research then.

I grew up during the Culture Revolution and didn't receive the typical schooling that kids go through nowadays. However, people from that time had early exposure to the everyday life and had many other experiences like learning from workers, farmers, and soldiers, visiting factories and military bases. I think the experience benefited me in terms of research design and survey. I was fortunate that I did not stay too long in the countryside like a lot of other people, and I went to college directly after graduating from high school. I was more interested in social sciences but when I entered college, it was the "golden time of science", so I followed the general trend and chose physics. I was able to build a very solid mathematics foundation, which benefited me in my later years. I often share with my students that the oft-spoken theoretical utility optimization doesn't necessarily lead to optimization in the real world. So when choosing a career, it is better to have a broader perspective, you will reap the benefits later. My undergraduate and graduate studies in physics built a very solid scientific foundation for me; with a firm grasp on systematic thinking and scientific methods, other topics became easy. Later when I transferred to economics, it was not difficult at all.

李玲：我的经历很简单，从一个校门到另一个校门。我 78 年进入武汉大学物理系读本科，毕业后留校，两年后考上物理系研究生，物理系两年后又转入经济系读研究生，87 年出国，在匹兹堡大学学习，94 年获得博士学位，在马里兰大学系统的 Towson 州立大学（后改名为 Towson 大学），差不多工作了有 10 年。2003 年回国，在当时的中国经济研究中心工作，也就是现在的国家发展研究院。然后一直在这里。

我们所受的教育在文革期间，学校里的时间不是很多，学工学农学军，很多机会下工厂，去部队，那时侯文化课的教育和现在不一样，但是使我们比较早的和社会联系。我觉得那段经历对我非常有益，后来做研究，做调研，自然而然就知道怎么去做，怎么去设计。我又很幸运，没有象很多人一样去农村呆很长时间，78 年高中毕业，直接就考上大学。本来我是喜欢文科，如果现在的话，从个人兴趣出发，我可能就选文科了。但是当时的大潮是"科学救国"，"科学的春天"，最热的就是物理，数学，也就是科学吧，所以我选择了物理，也就是随大流，但是我觉得对我后面受益无穷。我常常愿意跟我的学生分享：其实有时经济学上常讲的最优化效用并不一定是真正的最优化。如果你把视野放大一些，在带来社会效益的同时，反而自己受益更大。因为我本科和研究生都读了物理，奠定了很好的数理的基础，实际上就是思想观和方法论。这个基础奠定了，后来学什么都很简单。我后来转到经济系学习，其实都是很容易的，一点都不难。

Rui: Majoring in physics, when and how did you grow interested in health economics?

李蕊：您以前是学物理的，请问您什么时候开始对卫生经济学感兴趣的呢？

Prof. Li: There were a lot of coincidences. When I studied in Wuhan University, our beloved Chancellor, Mr. LIU Daoyu, was a strong advocate of academic freedom. Thanks to him, we had the chance to attend seminars and presentations from a variety of disciplines, including Western social science. Having studied physics and social science, I felt that what China needed the most was social management, especially the effective allocation of resources for the entire society. So I transferred from Department of Physics to the Department of Economics. Later at University of Pittsburgh, I studied macroeconomics and grew interested in the elderly population. This population's consumption and expenditures have significant impact on national economy. For the elderly, they have limited need for things such as food and clothing, but almost unlimited demand for healthcare. Since then I began to pay attention to health economics, and found this discipline very interesting: it touches on almost all the difficult questions in modern economics, such as asymmetrical information, risk aversion, adverse

selection, moral hazard, and many others. Towson University had a large School of Public Health Management and I had the chance to teach health economics there for 10 year, starting in 1994. That same year, Bill Clinton was running for President of the United States and he was campaigning for universal healthcare coverage. At that time, few scholars focused on health economics, including those in the United States. Health economics is still an evolving field, receiving more and more attention.

李玲： 这也是很多巧合。我当时上大学的时候我们武汉大学的校长是刘道玉，他是一位非常优秀的校长，可以说是现代的蔡元培。记得他那个时候非常提倡学生的自由，那个时候武汉大学学生的风气是最自由的了，有机会听各种各样的讲座，看各种各样的书，比如西方社会科学。我们物理学是科学救国，我学了物理又学了社会科学，感到中国最缺的其实不是科学，而是社会管理，就是怎样让整个社会的资源得到最有效的配置，所以这就是我为什么就转到了经济学。我的论文是有关宏观经济的增长，学习宏观经济增长的理论的时候，发现老年人这个群体，它的消费和支出对整个经济的影响非常大。它的消费支出是由政府的养老保障，还是个人支出，这个决策对于整个宏观经济的影响很大。所以我就开始关注老年经济学，关注以后发现老年经济的最大一块就在卫生这一块。因为他们对吃和穿的需求都有限，可是他们对医疗服务的需求可以说是无限的。那个时候就开始关注卫生经济学。恰好我原来教书的学校有很大的医疗管理的学院，正好需要老师教卫生经济学，所以我就去给他们教卫生经济学。在教的过程中开始研究卫生经济学，后来越研究越觉得卫生有意思，因为卫生经济学这个学科，可以说集合了我们现代经济学所有的难点问题，比如信息不对称，比如风险规避，逆向选择，道德风险，很多很多问题，都包含在里面。卫生这个领域，很有挑战性，很有意义。我是从 94 年教卫生经济学开始接触这门学科。我转过去教书的那一年正好是克林顿的总统竞选，他提出的口号是全民保险。那时候医改在美国是一个很热的话题，但当时中国还没有医改这个词。[我做这方面的研究，]一方面是学术上的兴趣，另一方面是整个大环境的态势。那个时候真正做卫生经济学的人还很少，包括在美国。英国比较早一些。美国卫生经济学开始热实际上在 90 年代，也就是 94 年左右，克林顿竞选的时候。卫生经济学还是一个正在发展的领域，很多经济学家关注的还是不够,但是这些年越来越多的人开始关注它。

Rui: When did you decide to go back to China and work for the China Center for Economic Research (currently National School of Development)?

李蕊：您是什么时候决定回国在中国经济研究中心工作？

Prof. Li: I moved back to China in 2003. At that time I had already received my tenure in Towson University and there didn't seem to be many challenges remaining. Perhaps life in the U.S. had become too comfortable. Our generation grew up with the idealistic motto of "striving for the country and the people". If I stayed in the United States, I could definitely see what life is like for the next 30 years, which would be dull. I wanted to make a difference, so I accepted Professor Justin (Yifu) Lin's invitation and joined the China Center for Economic Research.

李玲：我是 03 年回国的。当时我的终身教职已经拿到了。在美国就是一步步奋斗，上学，找工作，拿终身教职。拿到终身教职以后，好象没什么奋斗目标了。而且可能在美国生活太舒服了。我们这一代人当年在国内受的是理想主义的教育，总有"为国家，为人民奋斗"的比较天真的想法。综合考虑吧。当时我想我还可以工作 30 年。未来的 30 年如果在美国的话，每一天我都知道我在干什么，太没劲了。所以我想做一些不一样的事, 决定回来。林（毅夫）老师邀请我回国，我也想回来，就回来了。

## 2. Involvement in China's Health Care Reform
## 参与中国医改设计

Rui: Can you tell us how you were involved in the debate of health care reform, the central part of your proposal, and how did you feel about your proposal when there were at least 8 competing proposals being discussed?

李蕊：请您给我们讲一讲您参与医疗体制改革的情况好吗？

Prof. Li: I have always been lucky in that I am always at the right place at the right time. In 2003, I returned to Beijing when SARS outbreak happened. The impact of SARS on China was profound. Government began to realize that economic development alone was not enough for the country, because a pandemic outbreak could cause economic stagnation and even contraction. I feel that the government did some soul-searching and proposed the concept of balanced development, known as the "scientific concept of development", as well as the "people-oriented" and "harmonious society". Since then, health reform in China had been proposed partly to meet people's demand for accessible and affordable healthcare. At that time, many scholars believed that privatization, i.e., selling the public hospitals, should be the future of health reform. However, even in the United States, the government had a clear role and responsibilities in providing healthcare to its people, and healthcare expenditure is a major part of U.S. federal budget. Based on my research and knowledge of international healthcare systems, I wrote a series of articles detailing how other countries have dealt with healthcare, and how the systems have been evolving, trying to help people understand why the health sector is special, and government must be involved. The articles were well received. In 2006, I participated in a training session for China's Politburo. It was after that training that the government established its leading role in China's health care reform, which aimed to provide basic health services as a form of public services to all citizens.

李玲：我就是属于运气特别好的人，总是能赶上热点。2003 我回国的时候，刚好赶上非典，我觉得 SARS 对中国社会的影响是非常深刻的。因为非典，中国政府认识到仅仅发展经济是不行的，一场传染病，就可以使经济停滞，甚至是倒退。所以非典以后，我觉得我们整个政府是深刻反思的了，所以在那以后提出了科学发展观，以人为本，和谐社会，从光搞经济扭转到平衡发展，提出了科学发展观的新的理念，当时就开始了医疗卫生领域的改革。医改一方面是迎合百姓的呼唤，当时看病贵，看病难的问题已经成为人们最关注的问题，已经开始了关于医疗卫生改革的讨论。但是当时我回来的时候，我觉得这个讨论和国际非常不能接轨，因为卫生这个领域，即使在美国，政府承担的责任都是非常明确的。美国财政的大头也是在卫生上。当时讨论的时候，很多学者的观点还是私有化，就是把公立医院卖掉，这就是改革了。我当时回来，面对的就是这样一种情形。我根据自己在国外这么多年的研究以及自己对国外体系的了解，就写了很多文章，想告诉大家，医疗卫生到底特殊在那里，政府是不能不承担责任的，以及其他国家都是怎样的一种体系，体系是怎样演变的。应该说还是收到了比较好的效果。06 年我参加政治局的集体学习的讲课。就是那次集体学习，中央高层就明确提出医改的目标是建立覆盖城乡居民的基本医疗卫生制度，政府起主导作用，医疗卫生要回归公益性。

Rui: I heard that there were 9 proposals on the table.

李蕊：我听说当时有 9 种方案。

Prof. Li: Yes, there were 9 proposals submitted by domestic and international researchers including Peking University, Tsinghua University, Renmin University, World Health Organization (WHO), the World Bank, Mckinsey & Company, and Fudan University. The final scheme was a synthesis of the 9 proposals. However, the main framework was based on our proposal.

李玲：是的，当时有北大，清华，人大，世界卫生组织，世界银行，麦肯锡，还有复旦，一共有 9 个。我们代表北大方案。后来方案出来以后，当然是在各个版本方案基础上的一个综合。但是主要的框架，思路还是我们的。应该说我们这个方案很多部分是被政府采纳了的。

Rui: Rural China has recently seen much improvement in healthcare. Could you please tell us how you see the current situation regarding this part of the healthcare reform? Are there any issues that need further efforts?

李蕊：农村医疗体制改革是您的提案的重要部分，请问您对这部分的看法是什么？

Prof. Li: We believed that the government should take responsibility in two aspects of healthcare reform in rural areas: providing health insurance and increasing level of coverage for the New Rural Cooperation Medical Insurance and rebuilding rural primary care system.

Rural health care system in China is the weakest spot. During the Cultural Revolution, Chairman Mao emphasized the importance of rural health care systems, resulting in an influx of good doctors into rural areas and allowed the establishment of the three-level health system: "barefoot doctor-township hospital-county hospital", which greatly improved rural quality of healthcare. After the Cultural Revolution, the collective economy was replaced by the Household Responsibility System, and barefoot doctors, a system dependent on the old economics model, diminished as well. In addition, the "barefoot doctor" was considered as a product of the Cultural Revolution and banned by legislation in the 1980s. These changes pretty much destroyed the cooperative rural health care system. Before 2003 there was no health care protection for farmers at all, leaving rural residents in a deep poverty trap-illness begets poverty and poverty begets illness. In recent years, 18 ministries and commissions worked together to jumpstart the health care reform and presented the draft proposal in April 2009. From 2009 to 2011, the main objective was implementing reform at the grass-root level, in accordance with the slogan "Ensuring Grassroots Capacity, Strengthening Basics, and Establishing Infrastructure". Now there has been a dramatic change in the healthcare system in rural area. Farmers started to have medical insurance, even though the covered services were still limited. Nowadays, the most beautiful building in the rural area is usually the rural township community hospital. I just finished a field trip in seven counties in Jilin. A farmer told me that "[I]t is great! Now I can afford to see a doctor."

In rural areas, the most important task of health care reform is to rebuild the primary health care system, not just expanding insurance coverage or improving community hospital's facilities. Currently the primary healthcare system is funded with 120 CNY from each level of government and about 30 CNY out of pocket costs from rural residents. The funding level is still low, but it did allow the re-establishment of the three-level health services network: village doctors, township-village hospitals, and county hospitals. The township-village hospitals used to survive by selling medicines. After the reform, they become public service units and their budget is fully provided by the government, just like teachers and civil servants. To maintain quality and efficiency, the personnel system has also been reformed with a more competitive human resources policy being currently used. Employees for rural health care providers must compete for positions based on their qualification and performance evaluation. The new salary and incentive system is also based on performance evaluation. Furthermore, the introduction of digital recording and evaluation system guarantees the objectivity and impartiality of the personnel system. As a result,

dramatic changes have occurred in the health care system in rural areas of China. I recommend you to watch a TV series called "Sheng Si Yi Tuo (生死依托)". It reflects very well the reality of the ongoing healthcare reform in China. Previously rural residents often became poor due to their illness. Now things have changed: their agriculture taxes exempted; free nine year education provided, and the health insurance coverage provided after the reform.

Based on my experience during the past several years participating in China's healthcare reform, I think it's fair to give Chinese people and Chinese system a high score. Our system has many problems, but also many advantages. First of all, the Central Government has the willingness and capability to push for reform. The government solicited proposals globally; the process was open, transparent, and responsive to public comments. In addition, comparing with the U.S. 2010 health care reform, there is no room for pilot tests once the reform proposal became legislation. In contrast, any location in China can be a field experiment, with each pilot site implementing the reform in accordance with their capacity and resources. All these experience could be quickly summarized and developed into a model, then promoted nationwide. For example, the Anhui Model had been very successful and many places adopted or are planning to adopt it. The former Vice Governor of Anhui Province was in charge of the Anhui healthcare reform and later promoted to head the Office of National Healthcare Reform. The reform in China is a combination of top-down and bottom-up approaches and it is a continuous process with a lot of flexibility and strong momentum.

李玲：我们当时就是说政府应该承担责任，在农村两条腿走路。农村当时已经有新农合，要加大新农合的覆盖面和覆盖水平。第二个就是要把农村基层医疗卫生体系重新构建起来。

我们国家医疗卫生体系最薄弱的就是农村。应该说在文革期间毛泽东提出的把医疗卫生的重点放到农村去，是极大地改善了那时侯农村医疗卫生的水平。好的医生从城市到农村，在加上农村自己培养的以及大城市，大医院帮助他们培养的赤脚医生，使得农村建立了所谓的三级医疗网络，也就是赤脚医生，乡镇医院，县级医院的一个完善的医疗保障体系。改革开放以后，也就是实行家庭承包制以后，把赤脚医生，也就是基层服务的网给破坏了。原因就是赤脚医生依托的是当时的集体经济，集体经济跨了以后，赤脚医生也就跨掉了。而且当时反思文革，把赤脚医生也当成是文革的产物，所以 80 年代国家出台文件，说不允许再用赤脚医生。从这以后，农村过去的合作医疗制度就跨掉了。在 03 年以前农民基本上完全没有保障，都是自费，医疗费用又在不断的增加。当时农村的医疗服务问题应该说是很严重的问题，老百姓看不起病，因病致贫，因病返贫普遍存在。所以我们的方案集中在服务体系的再构造和筹资方面。前面谈到的 06 年提出医改，国家成立了由 18 个部委组成的医改领导小组，最后在 09 年 4 月份出台了医改方案。在 2020 年我们要建立覆盖城乡居民的医疗卫生制度。它近期的目标，就是头 3 年，09，10，11 年的主要任务是进行基层医改。口号是"保基层，强基本，建机制"。这三年的成效就是农村医疗卫生发生了根本的变化。农民从基本上自付看病，看不起病，小病就拖着，大病就扛着，到现在农民已经有了一个低水平的保障。最近我去了吉林省的 7 个县，调研基层医改，其中到延边，算是边疆了，现在当地农村最漂亮的建筑就是乡镇卫生院和乡镇卫生室。我在乡镇卫生院碰到一个农民，他感慨地说，现在"老好了"，就是"很好"。他现在觉得得病就是一种享受了。以前得病扛着，现在敢来看病，而且医院条件这么好，又便宜，得了病是一种享受了。

在农村医改最重要的是体系的重建。它不是一个单纯的扩保险，把乡镇卫生院硬件盖起来，而是它从体制机制上重新构建了农村的基层医疗服务制度。这个制度里面就包括了筹资体系，它现在是一个政府投入的筹资体系，农民交的比较少。现在大概各级政府出 120 元左右，农民交大概 30 元左右。当然保障水平还比较低。到今年年底达到 300 块钱。但是它同时把农村的三级卫生服务网络又重建起来。这两年建的重点主要是建乡镇卫生院。医改之前，乡镇卫生院的医生主要是靠卖药挣钱。它挂号费很少，又没有其他手段，主要是靠卖药。卖药以后拿提成，拿提成的部分来使医院运作。所以过度用药，滥用药的问题非常厉害。医改以后，全国乡镇卫生院都成为由政府主办的事业单位。既然是政府主办的事业型单位，政府就要负责

它的财政的投入，它的房子的建设，人员配制和工资等等。所以现在乡镇卫生院的人员享受的是教师，国家公务员的待遇，保证他的收入，以及医疗，养老之类的。但一提到政府要包起来，我们害怕的是又回到以前吃大锅饭的体制，干好干坏一个样。所以基层医改又进行了人事制度的改革。不是过去那样你只要进入编制，就得养你终身，干好干坏一个样。现在在乡镇卫生院采取的是竞争性人事制度，就是让乡镇卫生院的医生全体竞争上岗。要有资历，就是要符合条件才能进入乡镇卫生院，然后进来以后它不是一个终身饭碗，它是定编，定岗，不定人的。还有分配制度，也不是干好干坏一个样，它由各种考核指标，比如服务态度，水平，做了多少公共卫生，比较全面的综合考核，来决定他能得到多少收入。而且现在国内很多乡镇卫生院，甚至到村这一级都用了信息化手段来考核。中国是个人情社会，如果用过去的方法来考核的话，可能就变成你好我好大家好，很难真正考核。它现在是完全数字化了，做了多少，都很清楚。现在只要能够用到信息化考核的地方，改革效果就非常好。所以中国医改在基层确确实实正在发生非常大的变化。你们在国外，我建议你们去看一部现在刚刚开始播的电视剧，叫"生死依托"，比较真实的反映现在农村正在进行的医改。而且我们到各地调研，农民说最让他们得到实惠的是免农业税，义务教育，和医改。特别是医改，解决了他们的后顾之忧。以前的话，农民挣的那点钱是完全经不起一场病的折腾。可能是奋斗多少年，一场病就回到解放前。现在，因病致贫，因病返贫的现象正在缓解。因为一场病让家庭陷入绝望的情况已经不多了。因为新农合用各种办法来补偿他。很多地方一次补偿不够还有二次补偿，还有贫困补偿，所以基本上能够解决他的生活和大病后医疗费用的问题。

我参加医改这么多年来，我觉得还是要给我们中国人，中国制度以很高的评价 。我们的制度也有很多的优越性。当然我们有很多问题，这个一点也不回避，但是在推行医改过程中也看到我们的制度有很多的优越性。一个是高层强力推，第一次医改有了顶层设计，而且是向全球开放，全球征求方案。没有任何一个国家做国家公共政策选择像中国这样开放。我觉得这是中国在尝试一种新的民主方式。民主一方面是选人，一方面是选事。医疗卫生改革涉及每个人的利益，这次医改方案是对全民征求意见，08 年 10 月，方案放在中国发改委的网站上，全民都可以来提意见。中国政府在这次医改是尽可能的用公开，透明的方法来做决策，而且还一直顺应民意，因为这是民众最关注的事。跟美国医改相比较，中国医改还有一个好处，你看奥巴马这次医改，它一通过就成了法律，基层是没有空间去试点的。你一试点就违法了，所以它很难执行。中国的医改呢，我们在整体的框架，大的目标定下来以后，允许在各地试点。所以说医改在中国可以说是轰轰烈烈的社会实践，每个地方都不一样。每个县，每个城市，每个省都不一样。都是按他们的理解，结合当地的条件，能力，来推进医改，非常有意思。中国医改实际上是一个全世界最大的社会实验场，它让大家试，非常公开，但是试了以后，它又能够很快的总结经验。在各地试点情况下很快就形成模式。比如现在在基层推行的医改就是安徽的模式，因为安徽做得最好，所以它的经验可以很快的得到总结，提炼，推广。原来在安徽管医改的常务副省长就调去管国家的医改了，他现在是国家医改办的主任。我觉得这种从上到下，从下到上不断的上下联动，进行有机的结合，这是我们中国体制的最大一个优势，就是它的弹性。涉及 13 亿人的医改的战车，这么大的摩擦力，要往前推，是需要巨大启动力的。还要推到正确的方向，平稳的前进，不得不承认中国的体制还是有很大的优势的。

### 3. Health Care Reform in China: Next Steps
### 中国医改展望

Rui: Your healthcare reform plan, or a very close version of it, has been adopted by the Ministry of Health. What is now on your research agenda and what is your 5-year, 10-year goal in moving healthcare reform forward?

李蕊：您现在的研究方向是什么？可以问一下您将来 5 年，10 年的研究方向和您在医改方面的目标吗？

Prof. Li: We are researching and evaluating the current healthcare reform, as well as some theoretical research. During the early stage of the reform, we conducted surveys on the implementation and coordination of the New Rural Cooperative Medical System (NCMS). The next step will be to reform urban public hospitals. It is still not clear in which direction the reform should go. The healthcare reform has been successful at the grass-root level. However, only 20%

of the total health care services are provided at the grass-root level. All the hospitals at the county level and above, which provide 80% of the total health care services, have remained in the old system. We did pilot studies in 17 cities in the past three years, but there was not a clear model for health reform in urban public hospitals. It has to go through system reconstruction, including its financing system, payment system, and personnel system. In addition, the reform of personnel system plays a fundamental role, and the appropriate incentive system has to be established.

The reform of public hospitals should still be government-led, rather than completely market-oriented. However, in China the private sector nowadays is very strong. There is intensive lobbying from interest groups. I think we should learn from the U.S. Veterans Affairs system, to move away from for-profit and come back to public services—to provide the best quality of care to the public with the lowest cost. To achieve this goal, we need to reconstruct the system of public hospitals; and I think the experience of three years' primary health system reconstruction in rural areas can also serve as an example for the reform in public hospitals. The main difficulty is that the incentive system of public hospitals is much more complicated, for urban medical faculties are more professional and the classification of specialists is more complex. I think the U.S. Veterans Affairs system is the example we can learn from.

The reform in urban public hospitals will have a very long way to go, because it's a major issue of resource rebalancing. After we complete the reform in urban public hospitals, I think the overall healthcare system reconstruction project will be completed. And the next step, as the ultimate goal of healthcare, is "health", which has to be realized by prevention instead of medication. Information system will play a major role in promoting health for all Chinese people.

李玲：我们现在做医改研究，对医改进行评估，也进行一些理论方面的研究。医改前期主要是在基层，我们对新农合的实施，统筹在进行一些调研。现在做得比较多的还是下一步的公立医院改革。比如说，中国的公立医院到底何去何从。虽然我们三年医改在基层取得很大的成效，但是县级以上的医院基本上还没动。过去三年，我们对 17 个城市进行试点，目前公立医院的改革还没有一个明确的模式。但是下一步我们必须要做的是公立医院的改革。基层医改虽然农民得到不少实惠，但是基层它毕竟是低水平的。而且全部基层占的整个卫生服务的总量不到 20%。占 80% 的县级以上医院还是在按旧的体制运行。所以这就是为什么城市老百姓对医改没有多少感觉，因为城里医院还没有改。这也是我们下一步要研究的城市公立医院的改革。比如说整个体系如何来再造，它的筹资体系，它的支付方式，它的人员如何定位。中国公立医院改革最核心的是医务人员。这也是我们现在正在做的，如何建立一个正确的医务人员激励机制。

*13 亿人的医疗卫生靠看病，吃药是解决不了的，要靠预防。而且这个预防也不是过去传统的方式，应该运用信息化手段，为全国人民建立一个从出生到死亡的终身健康维护的体系。*

*—李玲教授，北京大学*

现在的公立医院改革方向应该还是以政府为主导，不是把它完全市场化。 但是现在中国资本的力量还是很强大的。现在公立医院可是最后一块没有被分掉的肥肉，各方利益的博弈很厉害。中国公立医院的改革很大程度上应该学习美国的退伍军人医疗系统， 应该建立一个信息化的服务网络，回归它的公益性，回归到用最低的成本为老百姓服务。不能象我们公立医院现在是要挣钱的，要利润最大化。怎么能保证它回到这个目标？需要进行体制的再构。三年基层医改的体系再构我觉得是可以复制到城市医改的。主要的难点在于医务人员的激励体制再构要比农村复杂得多。城市医务人员水平高，专科的分类更复杂。我觉得在这方面美国的退伍军人医疗系统很值得我们学习。

中国公立医院的改革还有很长很长的路要走。它不是一蹴而就的，非常难，是一个重大利益的再调整。回到你的问题，我觉得公立医院改革完了之后，我们整个体系的再构造就完成了。下一步就是回归到医疗服务的终极目标－－健康。13 亿人的医疗卫生靠看病，吃药是解决不了的，要靠预防。而且这个预防也不是过去传统的方式，应该运用信息化手段，为全国人民建立一个从出生到死亡的终身健康维护的体系。

**4. Professor Li's Team and Words to CHPAMS members**
**团队和对青年学者的建议**

Rui: Can you tell us about your group? Do you have plan for new recruitment? Are there any collaboration opportunities for other health economists and policy researchers to work with your group?

李蕊：请您简单介绍一下您的团队？请问有那些合作的机会？

Prof. Li: We have an excellent team, including Dr. CHEN Qiulin and JIANG Yu, with whom you're quite familiar. And most of them are my students and many of them have graduated. They are excellent in learning by doing, and they will play major roles in future healthcare reforms in both China and elsewhere. We also have two graduate students who are now studying at Harvard. One is working with Prof. William Hsiao in the School of Public Health and the other one is in the Department of Economics working with Prof. David Cutler.

If anyone would like to know more about our team and our work, please e-mail me. We love collaboration opportunities--we have a large amount of data from the three years' reform, and would like to evaluate the effectiveness of China's healthcare reform and get more high quality scientific papers published as well.

李玲：我的团队非常厉害，象你熟悉的陈秋霖博士，江宇，还有很多。主要是我的学生们。他们边做边学的能力非常强。他们现在对卫生经济学的掌握和对中国医改的掌握绝对都是专家级的。很多学生都毕业了，还有很多正在做。我觉得他们都是将来中国医改，世界医改的生力军。除了秋霖和江宇，还有两个学生现在在哈佛，一个在公共卫生学院，和萧（庆纶）老师在做，一个和 David Cutler 在做。我还有一些学生在政府部门，都是顶梁柱。我们的这个平台是开放的。任何人都可以加入，非常欢迎。如果感兴趣，可以直接和我联系。

我们也很想和大家合作。三年医改，我们积累了大量数据，我们也希望通过合作，把中国医改的经验除了描述性以外，出一些比较高质量的学术文章。既对中国医改进行评估，也为下一步的医改提供依据.

Rui: What advice do you have for young health economists in China and abroad? Do you have any words for members of the China Health Policy and Management Society (CHPAMS) and readers of the China Health Review?

李蕊：您对我们年资较浅的卫生经济学者有什么忠告？您对我们中国卫生政策与管理学会的成员和我们《中国卫生评论》的读者有什么建议吗？

Prof. Li: I hope you all pay more attention to what is going on in China's healthcare reform. I pay close attention to the U.S. healthcare reform, which seems to reach an ending point for this round. In fact, reform is always a political issue rather than a technicality. On the other hand, China's healthcare reform is ongoing; it has strong support from the leadership, it has generated grass-root know-how. Its innovative approaches are worthwhile for us to examine and study. It also provides new ideas and directions for theoretical research and academic efforts.

Thank you for organizing CHPAMS to attend to China's healthcare reform. I hope you will keep an eye on what is happening in China, build collaboration, and collectively push China's healthcare reform forward to benefit the Chinese people.

李玲：你们应该更多的关注国内的医改。我很关注美国的医改。现在美国医改这一轮又要完了。其实医改的背后都是政治问题，不是技术问题。你们应该更多的关注中国医改，因为中国医改还有戏，政治上推得动，基层有很多经验，创举值得我们去研究，去学习，它本身也为我们进行理论研究，学术研究，提供新的思路。

对于中国卫生政策与管理学会（海外），首先感谢你们能够形成一个组织来关注医改。希望你们未来更多关注国内，加强交流合作，共同推进祖国的医改，为老百姓造福。