

Peer Review Report

Review Report on Can comprehensive medical reform improve the efficiency of medical resource allocation? Evidence from China

Original Article, Int J Public Health

Reviewer: Martin Dlouhy

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EVALUATION

Q 1 Please summarize the main findings of the study.

The key finding is that the medical reforms in selected Chinese provinces were successful.

Q 2 Please highlight the limitations and strengths.

Strength – quantitative part of the analysis.

Limitations – missing context.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Major issues

1. In the paper, the comprehensive medical reforms in the pilot Chinese provinces are quantitatively evaluated, however, an international reader has no idea what the reforms mean. It is essential to describe the key reform principles to know what interventions were successful, because this should be one of the messages to the international public. It needs a paragraph or two.
2. How were the pilot provinces selected? Randomly? This should be commented because they may be the most active provinces to participate and then no surprise that they are also efficient.
3. There may be misunderstanding on the meaning of efficiency. The study uses terms allocative efficiency and resource efficiency, but these have some meaning in economics. However, the DEA does measure TECHNICAL efficiency according to the economic theory. Be careful using these terms.
4. Input – output variables. a) what are medical institutions (MI) in the Chinese context? Are they hospitals? But then they are captured by the number of beds? b) why is bed utilization an output – this is already a ratio.

Minor issues

1. There are three different abbreviations for medical resource allocation efficiency in the paper: MRAE, MRE, MARE
2. row 162 – the assumption that health production has VRS come exactly from where?

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

Yes.

Q 5 Are the keywords appropriate?

Yes.

Q 6 Is the English language of sufficient quality?

English is of relatively good quality, nevertheless it needs additional editing.

Q 7 Is the quality of the figures and tables satisfactory?

Yes.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes.

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 Quality of the writing



Q 14 Overall scientific quality of the study



REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Major revisions.