## **INTERVIEW**

# Interview with Dr. Jiangnan (John) Cai, China Europe International Business School (CEIBS)

## 专访蔡江南教授,中欧国际工商学院

Interviewed by Lingling Zhang [采访: 张玲玲], Clemson University

LING20111@GMAIL.COM

Translated by Josh Arrage, Clemson University 英文翻译

简介: 蔡江南教授是中欧国际工商学院卫生管理与政策中心主任、经济学兼职教授。他在中国和美国的大学、咨询公司、和政府部门从事了二十多年的卫生经济和卫生政策的教学、研究和咨询工作,发表了大量有影响的研究成果。他参与了美国第一个(麻省)全民医疗保障制度改革方案的设计、实施和评价,以及中国新医改方案的研究工作。蔡教授曾是华东理工大学经济发展研究所(所长)和商学院的主要创始人之一(1987-1990),曾担任复旦大学经济学院公共经济系第一任系主任(2006-2009)。蔡教授曾获 1990 年孙冶方经济科学论文奖(我国经济学最高奖)、2002 年美国卫生研究学会最杰出文摘奖、2009 年上海市社会科学界年会优秀论文奖、2013 年《中国卫生》杂志十大医改新闻人物提名。他于 1997 年获得美国布兰戴斯大学社会政策博士、1984 年获得复旦大学经济学硕士、1982 年获得华东师范大学经济学学士。



Bio: Dr. John Cai is Director of CEIBS Centre for Health Care Management and Policy and Adjunct Professor of Economics at China Europe International Business School (CEIBS). He has been involved in teaching, research and consulting work at university, consulting company and government in the field of health economics and health policy over twenty years. He has published extensively in the areas of health economics and health policy, social security, labor and employment, and public finance in various academic journals. He has participated in the design, implement and evaluation of the first comprehensive health care reform plan (Massachusetts) in the U.S. and has also actively involved in the design of recent national health care reform plan in China.

Professor Cai was cofounders and the Director of the Institute of Economic Development at East China University of Science and Technology (Shanghai) (1987-1990) and the first Chair at Department of Public Economics at Fudan University (2006-2009). Professor Cai has received many awards for both research and teaching, for example, 1990 Sun Yie-

fang National Economic Science Prizes-Best Paper Award, 2002 Most Outstanding Abstract Award by Academy for Health Services research and Health Policy Annual Research Meeting in Washington D.C., and 2009 Excellent Paper Award from Shanghai Social Science Annual Conference. Professor Cai received his Ph.D. in Public Policy from the Heller School for Social Policy and Management, Brandeis University in 1997, MA in Economics at Fudan University in 1984 and BA in Economics at East China Normal University in 1982.

## 1. Experience in US and China

Lingling: Hello, Professor Cai! I'm very happy to have the opportunity to interview you in the New Year, as a representative of the China Health Policy and Management Society (CHPAMS). I understand that about ten years ago you started to develop your career in China, what was your experience in the United States as well as your experience returning home?

蔡老师,您好!很高兴这次能有机会代表中国卫生政策与管理学会在新年之际对您进行访谈!我了解您从大概十年前开始回国发展,您能给我们介绍一下您在美国以及回国的经历吗?

Dr. Cai: I received my Doctorate in Health Policy in the U.S. back in 1996. I worked for a healthcare consulting firm for three years and in 1999 joined the Massachusetts Department of Health and Human Services (MDHHS). At the time, there were not that many (Chinese) scholars working in soft science fields such as policy. I continued my work at the MDHHS' policy department for more than 10 years, focusing on health financing policy. I was responsible for hospital data in the entire Massachusetts, as well as Medicaid pricing policy. In addition, I had a hand in the research and design of the healthcare reform by the then governor Mitt Romney, so I was familiar with the US healthcare reform policy debate. After the SARS outbreak in 2003, I started to pay more attention to the domestic situation in China and began working in China in 2006. From 2006 to 2009, I was appointed as Chair of the Department of Public Economics, School of Economics at my Alma Mater, Fudan University. Even though that was a fulltime job, I spent only about 2 to 3 months a year in China, with the majority of my time still in the States. Towards the end of my appointment, right around 2009, China started the first round of the new healthcare system reform, with 6 agencies providing reform plans, an even split between domestic and foreign entities. The three domestic entities were Peking University, Fudan University, and the Development Research Center of the State Council, I participated in the drafting and discussion of the Fudan University reform plan. To sum it up, I have first-hand experience in both US's and China's health care system reform. I left Fudan University in 2009 and started an adjunct position at Shanghai University of Finance and Economics, until May 2012 when I finally took the full-time position at the Chinese Europe International Business School (CEIBS).

我是 96 年在美国博士毕业,获得卫生政策博士,先在医药咨询公司工作了三年,之后 99 年到了麻省的卫生厅工作,当时在卫生领域从事软科学,譬如政策这方面的人还比较少。回国前我一直在麻州卫生厅的卫生政策部门工作,共有十多年时间,主要关注卫生筹资政策,当时的工作包括负责麻州所有医院的数据,同时还有 Medicaid 的定价政策,另外还参与了Romney 全民医保的改革计划的研究和设计,所以我对美国整个医改的政策比较熟悉。从2003 年 SARS 之后我开始关注国内的情况,2006 年开始有回国工作的经历,先是 2006-2009 年,我在我的母校复旦大学经济学院任公共经济系主任,虽是全职的职位但一年只有2-3 个月时间在国内。那时主要的时间还是在美国,不过那段经历正好赶上国内 2009 年新一轮的医改,当时是 6 家机构提供方案,国内国外各三家,国内是北大、复旦和国务院发展研究中心,我参加了复旦医改方案的起草和讨论。总的来说,我对两国医改有些第一手的经历,还是比较熟悉的。09 年后我离开复旦,在上海财经大学有过兼职,直到 2012 年 5 月我才算正式全职的回到了目前就职的中欧国际工商学院工作。

Lingling: Comparing your experience in the two countries, what was your most striking impression or most profound experience?

比较您在两国的经历,您印象最深刻或者感受最深的是什么?

*Dr. Cai:* The most striking impression is that healthcare reform is extremely difficult for both countries, because a lot of interest groups are involved, both countries have large populations, and healthcare reform itself is complex. The countries' culture, history, and structures, however, are different and quite distinct. On a personal level, it's difficult for an immigrant to integrate into the mainstream American society, because of the language and culture barriers. Also, the U.S. has pretty mature systems for all aspects of the society, with limited space for professional development. For me, working in China definitely gave me more room to develop professionally. Also, China lacks professionals with our educational and working background, with knowledge of both China and the U.S. With my training and extensive experience in economics and health care, I was able to push more much more changes in China than in the U.S., bringing more needed changes. This aspect of my work in China is quite rewarding. My three years in CEIBS was especially rewarding. CEIBS is different from traditional universities. The institution provided me with a very good working environment, gave me a lot of freedom to explore the areas that interest me, allowing us to organize various activities that had significant impact on the society.

感受最深的是两个国家有类似的地方,医改都非常困难,因为牵扯到很多利益集团,人口多、医改复杂,这些是类似的,但因两国文化、历史和体制不同,两国也各有特色。就个人体会而言,在美国作为新移民,由于语言文化的障碍,想要融入美国主流还是有一定距离的,而且美国各方面相对比较成熟、制度比较定型,所以在各个岗位各个地方能发挥的空间有限,对我个人来说,回到中国发挥余地的空间就比美国大得多,而且中国也缺乏像我们这样的教育和工作背景、对中国和美国都比较了解的人,我在经济学和医疗领域有很多年的训练和培养,这样我在中国能发挥作用的空间就非常大,能够带来的影响也更大,所以对我个人来说回国工作还是比较有成就感的。特别有成就感的是近三年在中欧的工作,中欧不同于传统大学,为我提供了很好的工作环境,给了我很大的发挥空间,可以让我专注于我很感兴趣的领域,所以我们也得以在这期间组织了很多活动,对社会也起到了很大的影响。

## 2. Health System Reform(s)

Lingling: Can you tell us a little about your participation in the health system reform in China?

您能给我们聊一聊您回国后参与中国医疗体制改革的情况吗?

*Dr. Cai:* My participation in China's health system reform was rather indirect, mostly through publishing articles, accepting interviews, as well as organizing meetings that might be able to bring about changes. I didn't participate directly in the decision making process. My most direct involvement in decision making was two years ago when I participated in Vice Premier Liu Yangdong's panel with ten experts at Zhongnanhai. I also participated in the meetings and projects ran by the National or local Health and Family Planning Commissions. Since CEIBS is a business school, we have the closest connection with the healthcare industry. We provide trainings to hospital CEOs and senior business executives. On the policy side, every quarter in the last four years we conducted a round table meeting with representatives from government, academia, and industry, discussing sizzling issues and making recommendations on certain topics. After the meeting, the journal of Chinese Health publishes the contents.

我参与医疗体制改革的方式应该说是比较间接的,通过发文章、接受采访、还有组织的一些会议而产生影响,并没有直接进入决策层。不过前年我参加了刘延东副总理在中南海召 开的十位专家的座谈,这可能算是直接进入决策层,其他也有参加国家卫计委、地方卫计 委的一些会议和项目,通过发言、文字等产生一些见解和影响。作为商学院,我们与医疗产业的联系最为紧密,与医院之间我们有培训医院的院长,我们也有对企业的高层管理层的培训和互动会议。在政策方面,我们在近四年里每个季度会做一个圆桌会议,邀请政府、学术、业界人士围绕热点话题来讨论,对有关话题提出我们的建议,之后《中国卫生》杂志将会议内容发表。

Lingling: What are the biggest obstacles for health reform in both countries? What lessons can they learn from each other's experiences?

中美两国卫生部门改革的最大障碍是什么?有什么相互借鉴的经验或教训?

Dr. Cai: Interest groups are the biggest obstacles for health care reforms in both countries. In the US, health care reform plans are prepared carefully and in great details, with specifics spelled out, making the reform plans easy to implement. In China, healthcare reform plans were drafted in broad strokes, making them difficult to implement and leading to disagreements between stakeholders. Both countries have their advantages and disadvantages. In China, government can have a relatively strong hand in implementing policies. I was impressed that once a policy has gained the government's support, then the government will take measures to ensure the implementation of the policy. One example would be the universal health coverage; it was implemented quickly and thoroughly. The U.S. operates under a checks-and-balances system that moves much slower. In addition, China has some industries that have advanced quickly in the past few years, such as the internet and mobile health technologies, narrowing the gap between China and the western countries, in some cases even gaining the lead position. The gap between the two countries' medical technological innovations might very well shrink.

(Interviewer's note: Dr. Cai served as the editor of "The Worldwide Health System Reforms", which has been published. The book summarized health system reforms of 20 countries (regions).)

利益集团是两国医改的最大障碍。在美国,医改制定的计划特别详尽和仔细,操作起来比较具体并容易贯彻,在中国,医改计划非常粗、非常宏观和概念化,这样执行起来就很难,会互相扯皮,但两国各有利弊,在中国,政府的力量比较强势,由政府推行就比较容易进行,给我触动最大的是,若能游说政府将一政策执行,那么政府就会大刀阔斧的将政策推行下去,比如新医改全民医保推得就很快,而美国由于是权力制衡的这样一个机制在这方面速度就比较慢。另外在中国发自于底层的产业,如近几年发展起来的互联网、移动医疗的速度很快,有些技术上的东西与国外距离很小甚至走在了前面,这个可能是中国的一个特点,当然美国也有创新的地方,由此看,中美两国在医疗技术创新领域的差距会缩得比较小。

(采访人补充: 蔡老师主编的**《医疗卫生体制改革的国际经验》**已出版发行,该书整理总结了世界二十国(地区)医疗卫生制度改革)

#### 3. Current Focus and Activities

Lingling: Can you talk about what you are working on right now?

您能谈谈您现在的主要工作内容吗?

*Dr. Cai:* We are involved in all allied health areas. Our business school focuses on many innovative medical treatment models such as mobile health, e-health, etc. We write up case

summaries for these models, exchange our ideas through various meetings, and collect all the relevant writings into books, with the hope to facilitate communication within the health care field and encourage innovation. We have also constructed a China Healthcare Innovation Platform, abbreviated in English as CHIP and in Chinese as "Qi2 Pu3." With this, we hope to develop an award for the Chinese health industry that's in the same vein as the Oscars. Two years ago, we held an awards ceremony. We selected 3 to 4 nominees per category, then field experts chose the awardee, followed by discussion of the nominated projects. This is a biennial awards event, and this year is an awards year. Last year, we also did road shows of some innovative cases. We compiled reports and case studies released in 2015 and published the "2015 China Healthcare Industry Innovation Platform Blue Book." We welcome international students and scholars to participate in these activities. We have established two WeChat accounts: one for the innovative platform (CHIP20140720) and one for health care policy (cchmp2012). You can follow our activities and outcomes. Please, if you are interested in our work, join us.

大健康的领域我们都会涉及,我们商学院会关注很多医疗模式的创新,比如移动医疗、互联网医疗等,对创新的模式我们会做很多案例总结,通过会议做交流,结成文字汇成书,来促进大家在这一领域的交流、共同讨论如何创新。我们还做了一个"中国健康产业创新平台(China Healthcare Innovation Platform)",英文简称为 CHIP,中文为"奇璞",我们希望以此打造一个中国健康行业的奥斯卡奖。前年我们举办了一个颁奖活动,类似于奥斯卡的颁奖方式,我们按类别选择 3 到 4 个提名,然后由专家选取一个授奖,并就这些提名的项目进行交流。这是每两年一次的颁奖活动,今年又正逢发奖年。去年我们还做了一些创新案例的路演,年底时出版了《2015 中国健康产业创新平台奇璞蓝皮书》,把我们一年当中的报告和案例编汇在一起。这些创新活动也欢迎海外学生学者们参加,我们创立了两个微信号,一个是创新平台的微信号(CHIP20140720),另一个是卫生政策的微信号(cchmp2012),可以从那里看到我们开展的活动和得出的一些成果,欢迎感兴趣的人加入我们。

#### 4. Opportunities and CollaborationL

Lingling: I have noticed that under your leadership, CEIBS has been active in Chinese health industry innovation. Our organization, China Health Policy and Management Society, assembled a lot of young scholars, both in China and overseas. Can you talk about opportunities that exist in China's healthcare field? How should these young scholars take on these opportunities?

我关注到在您的领导下,中欧国际工商学院活跃在中国健康产业创新领域,而中国卫生政策与管理学会聚集了很多海内外的热血青年与学者,您能否谈谈在当前的中国医疗健康领域存在哪些机会,该如何把握?

*Dr. Cai:* China's health industry is in the take-off stage. In October 2013, the State Council's Directive No. 40 (on promoting the development of China's health service industry), suggested that China's leaders began to view the health industry as an important growth field. Although the health sector accounts for less than 6% of China's GDP, it was projected to account for an estimated 9-10% of GDP by a conservative forecast. Even though the growth rate of China's GDP has slowed, the health industry has been growing faster and faster, suggesting that there are considerable opportunities in the industry, be it research or industry development. The health care industry is a hot field for investment, attracting a lot of investors with deep pockets. These investments can create opportunities in research, teaching, and expanding the personnel pool. China lacks qualified health care professionals in many areas, especially managers for hospitals, research centers, and

teaching institutions. There is also a lack of physicians and nurses. The health care industry is quickly taking off, but it is facing a shortage of talents. This gap in talent provides a great opportunity for young professionals with education and experience in this field. There will be many opportunities to develop a career in either or both of the countries.

从宏观来讲,中国医疗行业处于一个起飞阶段,2013年10月国务院有个40号文件(关于促进中国健康服务业发展),以这个文件为标志,中国的顶层设计开始确定健康行业是个非常重要的增长点和领域,虽然目前健康领域占GDP还不到6%,但是根据保守预测,到2020年估计会占9到10个百分点。现在GDP的增长速度下降了,但健康行业的增长越来越快了,这样来看的话,这个行业存在相当多的机会。也就是说围绕这个行业,我们无论从研究还是从产业发展来讲,机会都非常多。从中国这两年的行业投资来看也是很大的热点,而中国在投资领域不差钱,健康行业已成为吸收投资的一大热点。这个机会从研究和教学、从人员培训来说,中国特别缺乏医疗管理的人才,特别是医院管理的人才,在研究和教学领域也同样缺乏管理人才;从行业具体来讲,医生和护士都特别缺人,这个行业在快步起飞阶段,又正面临人才缺乏的问题,所以对于在美国这一领域有过学习和经验的人来说,想在中美两国间发展或回国发展都会有很多机会。

Lingling: What are some future opportunities to collaborate with CEIBS?

今后与中欧商学院有哪些合作的机会?

*Dr. Cai:* Collaboration can be established through joint activities or participation in our events, mostly based on people's shared interests. Our activities will touch on the policy aspects as well as industry innovations. We also welcome exchanging case studies, proposing award nominees, and participating in the selection of awardees. This year, we will hold several large-scale innovation road shows. It's important to learn about the American business model and their technological innovation and management, so we will also organize Chinese executives to visit the US.

合作的方式可以通过共同举办活动或参加我们举办的活动,主要依据大家的共同兴趣而定。 我们做的活动会涉及到政策层面,也会涉及到产业创新的层面,我们也很欢迎案例的交流、 评选和评奖活动,我们今年就会做几个大型的创新路演活动。对美国商业模式和技术方面 的创新和管理的学习也是很必要的,我们也会组织中国的一些管理层到美国参观。

## 5. Projections and Suggestions

Lingling: What are your projections for your career development, as well as CEIBS' and Chinese health system's development in the next 5 to 10 years?

您对未来5到10年个人、中欧商学院、以及整个中国医疗体制发展有怎样的期待?

*Dr. Cai*: I hope there will be some important reform measures coming out. For the industry, the next 5 to 10 years is really a takeoff period. The new healthcare reform has accomplished many great things, but not huge improvements. The next 5 to 10 years will likely witness some big changes. As for myself, I hope that I can actively participate in this profound change and positively influence the outcomes. I believe I can make a relatively large impact in the next five to ten years. In addition, we hope that our current work will produce results. Our work so far has received recognition and we have stronger influence. We are extremely busy. Although I have to stress that I am limited in what I know, a lot of people come to me for advices and consultations. Every year I

have more than one hundred interviews by journalists. It feels good that I can do my best to bring about change, but I think my strength lies in integrating resources and building platforms for more people.

我希望中国医改会有一些比较重要的改革措施出台,对于这个行业来说,未来的 5 到 10 年 真的是飞跃时期,新医改以来虽然取得了一些成绩,但还没有特别大的促进,我觉得未来 5 到 10 年可能会有一些比较重大的变化。就我个人来说,我只能说希望在这个大的改革趋势 当中能够积极的参与甚至起到一些作用,以有限力量做些贡献,接下来的 5 到 10 年自己还 是有机会发挥比较大的影响的,另外还希望通过现在已经在做的工作发挥作用,在国内这 个行业当中我们做的这部分也已经得到了大家的认可,影响也越来越大。现在在国内的每 一天真的是很忙,事情应接不暇,虽然我懂的也有限,但很多人来咨询,每年做记者采访 有上百场,我觉得高兴之处是能尽自己所能发挥些作用,但我觉得我更多的力量还在于做 资源整合,为更多人搭建个平台。

Lingling: Can you give a little career advice for young scholars either in China or in the US?

对今日无论在中国还是美国,或者归国的年轻学者您能提点人生建议吗?

*Dr. Cai*: I think it is the most important to find an opportunity that will allow the young scholars to reach their full potential. From my own experience, I found this opportunity when I was 50 or so, so sometimes we have to make long-term preparation. Finding this opportunity could be easy for some, but hard for others. But no matter what, everyone needs to be prepared to grab that opportunity when it materializes. As a young professional, you would want to do everything possible to make your contributions, especially to those matters to public interests. Do not seek short-term fame and wealth, but see whether or not your effort will benefit others and the industry. Your value becomes apparent through your contribution to others. In other words, being altruistic can also help yourself.

我觉得就是找到一个机会能使自己的潜力和能力充分发挥出来。从我自己的经历来看,差不多 50 岁左右了才慢慢的找到这种机会,所以有时需要做长期的准备和积累,而有时找到这个机遇也特别容易,有时也许这辈子都没碰上,但是不管怎么说得需要做准备,毕竟机会不会给没有准备的人,如果没有准备再怎么样也很难把握。作为一个新人要做各种努力,尽量发挥自己的能量,看到公益性质的事情时不要图短期的名和利,而是看做这个事情是否对这个行业、对他人有益处,人的价值是在对别人的贡献之中发挥出来的,这样来讲的话,如果你愿意多做贡献反过来对你自己也是有帮助的。

Lingling: What is your message to CHAPMS?

您对中国卫生政策与管理学会有什么寄语吗?

*Dr. Cai:* My knowledge of CHPAMS is still limited, but I know this organization consists of students and scholars who understand both China and the US. So my message is that I hope CHPAMS can better bridge the two countries, introducing US experiences to China, propelling China's health reform forward and the development of its healthcare industry. CHPAMS is not heard very often within China, so perhaps you can find a way to expand its influence through more publications, or by hosting meetings to introduce what you know to China and contribute to China's development. You can start with the small things, and develop your organization step by step.

#### LINGLING ZHANG

我对学会的了解还比较有限,不过知道这个学会的特点是汇集了对中国和美国都了解的学生学者,所以我的寄语就是希望学会能更好的发挥桥梁的作用,将美国的一些先进经验传播到中国去来推动中国的医改、推动中国医疗健康行业的发展,能在这些方面起到更多的作用。因为相对来说现在在国内听到 CHPAMS 还是比较少的,所以也许可以找到一个好的方式扩大影响,比如通过你们发表的东西,或者举办会议等将你们所知道的介绍到中国来,对中国的发展起到积极的作用,可以先从小事上一点点的做起来。