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2. **Basic Information on the PI, Co-PIs and other main participants** (separate page).

Title of Project:										
role	name	sex	age	highest degree	academic title	administrative position	discipline	responsibility in study	% of work time on study*	email
PI	Weiyan Jian	Male	34	Ph.D	Lecturer		Health policy and management	Conceptualize and design the project, oversee the data collection, analysis, and knowledge transfer activities, and lead the writing of the reports and academic publications.	60%	jianweiyan@bjmu.edu.cn
Co-PI	Winnie Yip	female		Ph.D	professor		Economics	Guide overall study design (hypotheses, data collection, analysis, methodologies); participate in journal manuscript preparation	7%	winnie.yip@dph.ox.ac.uk
Co-PI	Kit-Yee Chan	Female		Ph.D	Senior Research Fellow		Health policy and sociology	Contribute to the design and implementation of the qualitative component of the project, analysis and publication.	15%	k.chan@unimelb.edu.au

(Cont.)

Title of Project:										
role	name	sex	age	highest degree	academic title	administrative position	discipline	responsibility in study	% of work time on study*	email
participant	Ming Lu	Male	33	MS	Lecturer		Health Informatics	Collection and analysis of quantitative data.	35%	luming@bjmu.edu.cn
participant	Shunv Tang	Female	25	MS	Research Assistant		Health policy	Collection and analysis of policy documents and data from Key Informant interviews.	35%	tangshunv@sina.com
participant	Zheng Xie	Female	34	PhD	Lecturer		Medical sociology	Quality control of in-depth interviews.	15%	zhengxie@bjmu.edu.cn
participant	Xian Li	Female	56	MS	Senior Health Informatics Manager	Director of Patients Record Center, Beijing Red Cross Hospital	Health Informatics	Quality control of hospital discharge records.	10%	Lixian0621@163.com

***only individuals who invest more than 5% of their work time of the project should be listed**

clinical departments according to their respective “performances”. Each department then allocates a bonus to each of their clinicians depending on each person’s performance.

Underlying the design of the bonus system is a principle of ‘*incentive compatibility*’ between hospital and hospital department, and between departments and clinicians. Under FFS, the more services clinicians provide, the higher the hospital revenue. Hospital managements therefore have been encouraging clinical departments to provide more services; and the encouragement is then passed on from department to clinicians. The DRGs payment reform is designed to change these internal incentive arrangements by rewarding hospitals for reducing cost per admission. In the intended scenario, this (*external*) modification of payment policy necessitates systemic responses from hospitals for which new *internal* incentive arrangements are to be created. This new order of incentives will be focused on controlling treatment cost per admission instead of increasing service volume. As hospitals modify funding for departments based on this principle, and departments to clinicians in terms of individual bonuses, behaviors of clinicians are likely to change, leading to changes in patients’ healthcare outcomes (see Figure 1).

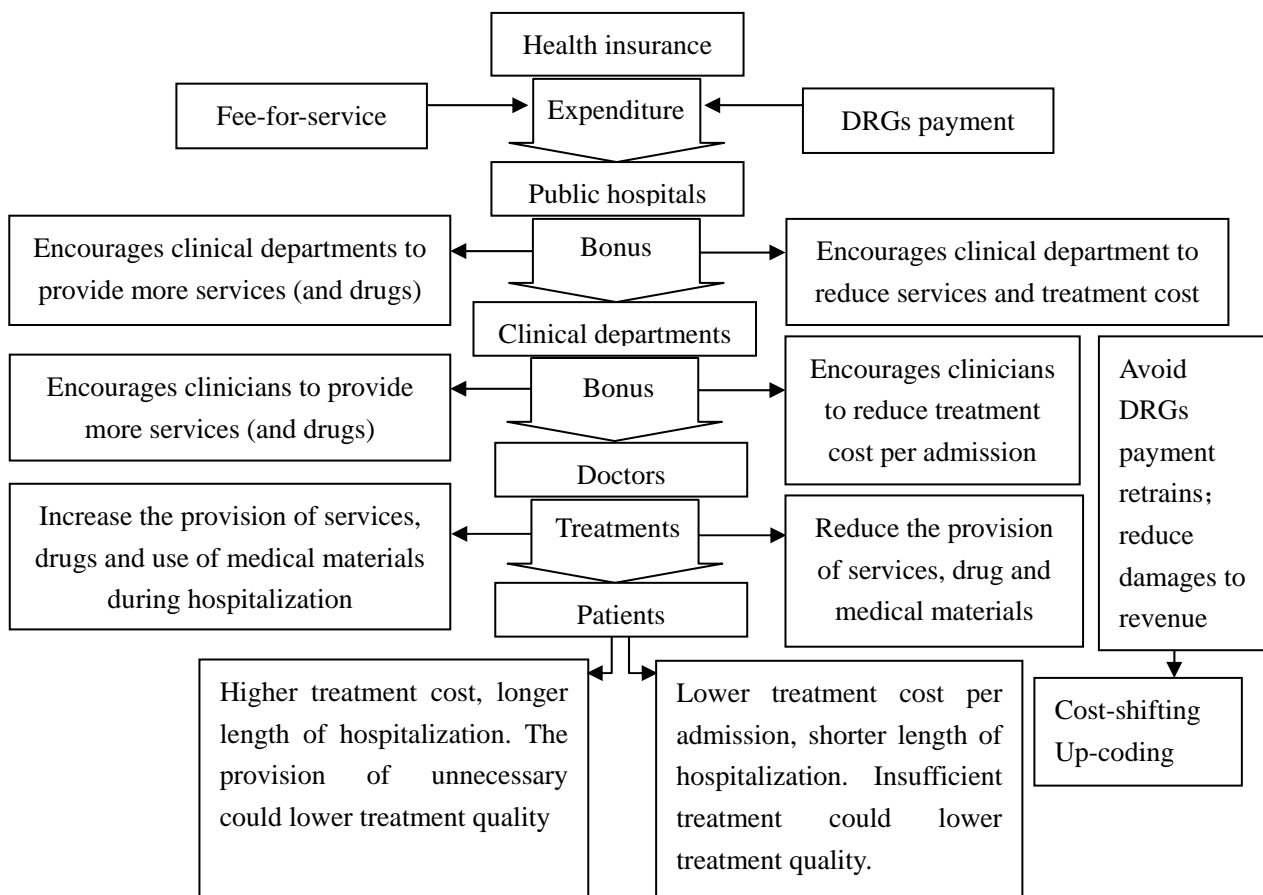


Figure 1 Theoretical model of the proposed study

10. Project Tasks, Timeline and Milestones (separate page(s))

Task /Milestone	YEAR 1												YEAR 2												YEAR 3											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
PILOT STUDY																																				
Collect and review the important literatures	■																																			
Collect a sample quantitative data		■																																		
Preliminary quantitative analysis			■																																	
Draft interview outlines				■																																
Interview two of informants					■																															
Adjust the interview plan and quantitative analysis method						■																														
Prepare and submit report on pilot to CMB							■																													
MAIN STUDY																																				
Review relevant policy documents systematically									■																											
Interview informants from government sectors about the preparation of the DRGs payment reform										■																										
Collect 2009-2011 quantitative data											■																									
Analyze baseline quantitative data												■																								
Interview informants from DRGs payment hospital about the hospital internal responses to the reform																■																				
Interview informants from government sectors about the progress of DRGs payment implementation																				■																
Collect discharge data from the 6 DRGs payment hospital and 6 control hospitals 2012-2014																																				

(cont.)

Task /Milestone	YEAR 1												YEAR 2												YEAR 3												
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Data analysis (<i>DinD</i>)																																					
Interview informants from the 6 DRGs payment hospitals on the progress of the reform implementation																																					
Prepare academic papers and policy briefs																																					
Prepare and submit final Report to CMB																																					

