Mexico’s Health Care Reform

Dr. Enrique Ruelas

December 10th
8:30 – 4:30 pm

CONTENTS

- CONTEXT
- EVIDENCE BASED PUBLIC POLICY
- FINANCIAL PROTECTION
- QUALITY IMPROVEMENT
- CITIZEN ENDORSEMENT GROUPS
Basic demographic indicators

- Population (2010): 112,336,538 (1 in the world)
- Men/women relationship: 95/100
- Urban population: 78%
- Rural population: 22%
- Indigenous population: 6,695,228
Demographic transition in Mexico

Population structure 2000

Population structure 2050

Epidemiological transition in Mexico

Mortality distribution 1950-2025

- Communicable diseases, perinatal ailments, and diseases related to nutrition and reproductive events
- Non-communicable diseases
- Injuries
**Basic economic indicators**

- **GDP**: US$\text{ ppp} \ 1657 \text{ trillion (12 in the world)}
- **GDP per capita**: US$\text{ ppp} 15,100
- **Income level**: upper-middle-income country
- **GDP composition by sector**:
  - Agriculture: 13.5%
  - Industry: 23.2%
  - Services: 63.3%
- **Population below poverty line**: 18.2%
- **Gini index**: 51.7 (19 in the world)

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**Mexican health system (MHS)**
Coverage of the MHS - 2010

<table>
<thead>
<tr>
<th>Population</th>
<th>2002</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Population affiliated to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social security institutions</td>
<td>38.7 million</td>
<td>37.6</td>
</tr>
<tr>
<td>Population affiliated to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seguro Popular</td>
<td>1.0 million</td>
<td>1.0</td>
</tr>
<tr>
<td>Population with private insurance only*</td>
<td>1.8 million</td>
<td>1.8</td>
</tr>
<tr>
<td>Un-insured population</td>
<td>61.2 million</td>
<td>59.6</td>
</tr>
<tr>
<td>Total population</td>
<td>102.7 million</td>
<td>100</td>
</tr>
</tbody>
</table>

* Half of the population with private insurance is also affiliated to a social insurance institution.

Benefits offered by public institutions in Mexico

<table>
<thead>
<tr>
<th>Population</th>
<th>Ambulatory care</th>
<th>Hospital care</th>
<th>High-specialty care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population affiliated to</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>social security institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population affiliated to</td>
<td>+++</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Seguro Popular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Un-insured population</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Financial imbalances 2000

1. Level: insufficient investment (5.1% of GDP)
2. Source: predominance of out-of-pocket payments (55% of THE)
3. Distribution
   3.1 Among populations: 1.5 times between insured and uninsured
   3.2 Among states 8 to 1 between the state with the highest and lowest per capita federal expenditure
4. State contributions: 119 to 1 between the highest and the lowest
5. Allocation of funds: increasing proportion to payroll at the expense of investment
High prevalence of catastrophic expenditure - Mexico 2002

3.7 million Mexican households incurred catastrophic and/or impoverishing health expenditures.

- 1.5 million households with catastrophic expenditures (over 30% of disposable income)
- 0.5 million households
- 1.7 million households with impoverishing expenditures (expenditures that push them below the poverty line)

A Comprehensive Country-wide Strategy Towards Quality and Safety in a Health Care System

Main problems of health services in Mexico as perceived by the population:

- Insufficient resources: 44%
- Bad quality: 30%
- Others/Unknown: 4%
- Limited access: 11%
- High costs: 9%
- Neither: 2%

A Comprehensive Country-wide Strategy Towards Quality and Safety in a Health Care System

Level of technical quality in primary care centers
Secretary of Health
28 States
1997 - 2000

VARIATION

PERCENTAGE

STATES

n = 3,047 mean = 52.20 ds = 10.76

Source: Continuous Quality Improvement Program in Health Attention, Ministry of Health, 1997-2000

NATIONAL HEALTH PLAN 2001-2006

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Objectives</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td>Reduce health inequalities</td>
<td>Even access to care at birth</td>
</tr>
<tr>
<td>Quality</td>
<td>Improve health conditions for the Mexican population</td>
<td>National Crusade for Quality in Healthcare</td>
</tr>
<tr>
<td>Interpersonal quality</td>
<td>Responsiveness</td>
<td>&quot;Popular Insurance&quot;</td>
</tr>
<tr>
<td>Financial protection</td>
<td>Assure financial justice for healthcare</td>
<td></td>
</tr>
</tbody>
</table>

"Popular Insurance"
In response to these financial imbalances, the Mexican Congress approved in 2003 the creation of the System for Social Protection in Health (SSPH) and its operative branch, Seguro Popular.

The main purpose of the SSPH was to mobilize additional public resources to extend social protection in health to all the population.
Seguro Popular

- Seguro Popular is financed with federal, state and individual resources (individuals in the lowest income quintiles are exempted from the contribution)
- Guarantees legislated access to a package of 270 essential interventions provided in public ambulatory units and general public hospitals.
- Also guarantees access to 57 costly interventions, including treatment for cancer in children, HIV/AIDS, and cervical and breast cancer provided mostly in high-specialty public hospitals.

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The National Crusade for the Quality of Health Care

Crusade: “Vigorous, concerted action for some cause or idea or against some abuse” (Webster’s Dictionary)
Challenges

1. Low quality
2. Important variations
3. Perception of very low quality
4. Poor reliable information

General Objective

- To improve the quality of care
- To substantially decrease variations throughout the system
- To improve perceptions
Strategies For Stakeholders Engagement

**IN INVOLVEMENT**
- Design-Assessment of the strategy
- Quality improvement committees
- National Health Council meetings

**INCENTIVES**
- National Quality Award
- Performance agreements
- Requirement of basic accreditation for funding

**VISIBILITY**
- Ceremonies
- National Quality Forum

**TRAINING**
- Team training

**FEEDBACK**
- Indicators information system on line

**CIVIC PARTICIPATION**
- Citizen endorsement groups
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OBJECTIVES

- Transparency
- Improvement
- Sustainability

CRITERIA

- Willingness to participate
- Honorability
- Social representation
- Political neutrality
PROCESS

Selection → Training → Visits → Recommendations

Formal agreements → Accomplishment → Endorsement

→ Awards to the best performers

VISITS

- Checklist for observation of key amenities and behaviors.
- Surveys to patients
- Matching with local surveys results
Citizen endorsement
March 2006

1,754 Citizen groups
32 States
1,153 Valid units
3,724 Monitored units

Universities and educational institutions: 332
Professional associations: 42
Business Chambers and federations: 35
NGOs: 114
Private companies: 21
Community groups: 1,210

Progress of the citizen endorsement strategy
September 2005

- Units with citizen endorsement: 1,260
- Units endorsed: 905
- Units with follow-up visits: 682
- Units with improved indicators: 505
**AN INTERESTING OUTCOME**

Providers and users that know the outcomes of responsiveness

<table>
<thead>
<tr>
<th></th>
<th>Jun-04</th>
<th>Dec-04</th>
<th>Jun-05</th>
<th>Sep-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERISA</td>
<td>3,147</td>
<td>7,019</td>
<td>9,415</td>
<td>16,775</td>
</tr>
<tr>
<td>Ports</td>
<td>2,437</td>
<td>4,811</td>
<td>8,745</td>
<td>11,254</td>
</tr>
</tbody>
</table>

**Session Code M25**

This presenter has nothing to disclose

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