

# Developing a national, sustainable mechanism for quality indicator development in Mexico

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# Global Health and Development Group, Imperial College (formerly NICE International)

- Until September 2016 a division of NICE responsible for working with international governments and global health agencies.
- We work with individual governments or funding agencies to **support local teams develop local solutions**, through **strategic advice and technical support**.
- We emphasise:
  - **political feasibility** of all our recommendations;
  - importance of **equity** considerations and other **social values** in health policies, and;
  - integration of **robust, consultative processes** for priority-setting and quality improvement

# Quality indicator project with DGCES

- The Government of Mexico has implemented a number of initiatives for quality indicators and their role in performance monitoring.
- The General Directorate of Quality & Health Education (DGCES) initiated a project with support from the IADB on "**Evaluation, Design and Implementation of the National System for Quality Care Monitoring**" (FY 2015-16)
  - Project aims to strengthen the existing systems, taking into account international experience in design and implementation of quality indicators.
  - Ultimate aim: improve **overall health** of Mexicans

# Overview of the approach

- Following review of the Request for Proposals (early 2015) and discussions with DGCES, NI proposed a work programme which emphasised the development of a **sustainable and robust to indicator development**, which will ultimately be led by the *Secretaria de Salud / DGCES*
- The starting point was a **situational analysis** of the existing system, including importantly assessing the current availability of data to support the development of contextually relevant and viable quality indicators.
- Culminated with the development of a **Process and Methods Manual** for developing a core set of national indicators
  - Included proposals for impact assessment and piloting of indicators
- NI delivered technical support with our academic partner in the UK, who has been involved in the design and assessment of quality indicators within the NHS – Professor Stephen Campbell

# Situational analysis: key observations (1)

- Most of the requirements for a systematic, consistent, common and policy relevant quality assessment and improvement system for health care **exist** in the Mexican health care system.
- However, **the system is fragmented, disjointed and inefficient:**
  - Mandatory data collection not enforced
  - Emphasis on the quality of data collected than using that data to improve or monitor quality of care
  - Lack of coordination and cohesion among key public insurers / providers
  - Need to improve data collection from the private sector
  - Lack of unique patient identifier

# Situational analysis: key observations (2)

- Urgent need to maximise use of existing, **locally derived health information** across the “**evidence to guidelines to indicators**” pathway.
- Urgent need for an **overarching strategic and mandatory approach to the collection and use of health information** for Mexico.
  - **Duplication and redundancy in data collection** needs to stop
  - Urgent need to **streamline data collection** and work to improve quality and the collective sharing of data.
- Better collaboration and coordination among key public sector stakeholders in the system to **encourage data sharing and the development of locally relevant evidence-informed guidance** to support indicator creation.

# Recommendations

## Recommendations covered the:

- **“Immediate term”** (within 12 months)
  - *Initiating collaboration and change*
- **“Medium term”** (years 2 and 3)
  - *Developing and implementing*
- **“Long term”** (years 4 and 5)
  - *Evaluating, recalibrating, consolidating*

# Overview of Key Recommendations

1. There is an **urgent need to harmonise collection and reporting of data** against key policy relevant areas to a single database to enable coherent healthcare policy planning.
2. There is also an **over-reliance on unreliable manually completed forms** that are self-reported and not checked (e.g. INDICAS indicator data at Unit level is hand-written on forms and then computerised by others).
3. There is an **urgent need for a unique patient identifier** (General Health Register) for all citizens, which can be used to track care and service utilisation across all health care organisations in Mexico.



# Overview of Key Recommendations

4. A coherent **system should be developed for integrating** epidemiological and health service data, clinical guidelines, and quality indicators.
  - Each of these data sources and products exist in the current health care system, **but are only partially linked**.
  - Improvements to the existing system would entail using epidemiological data to identify clinical priorities, for which guidelines can be used to create quality indicators that are then used to report data to a common database.
5. Sustained **political will, investment**, and effective (enforceable) **regulation** are required in order to use the quality indicators to track quality of care across the whole health system.

# Political will/policy

Timeframe:

## Immediate (within 12 months)

- **Policy statement** (by body with system-wide regulatory remit) that **all health care organisations in Mexico will be mandated to agree on and submit data for a core set of quality indicators**. These will be selected against agreed policy/clinical priorities.
- **Policy statement** that **all health care organisations will cooperate to create a system to issue every individual in Mexico with a unique patient identifier**. This identifier will be shared and used commonly by all health care organisations.
- A **process is initiated** to re-examine decision making approaches adopted by the CSG and its capacities (including technical and managerial) to achieve its stated aims relating to **updating the national formulary and the basic package**.



## Medium term (years 2 and 3)



## Long term (years 4 and 5)

- **Formal monitoring** that all health care organisations in Mexico **agree on business rules for the core set of quality indicators**.
  - **Regulation** to ensure that data is collected and submitted for the core set of quality indicators:
    - Rewards (Financial/non-financial) on all health care organisations in Mexico that comply
    - Penalties (to be defined) enforced on all health care organisations in Mexico that do not comply
  - **Policy statement** with a commitment to include the core set of quality indicators as indicators in future government strategies and development plans
- **Regulation** to ensure that data is collected and submitted for the core set of quality indicators
  - **Regulation** of health care quality in relation to the standards/targets agreed for the core set of indicators
  - Inclusion of selected indicators from the core set, where relevant, as indicators in Program for the Health Sector, 2019-2024.

# Bilateral Action Plan on Health between the United Kingdom and Mexico

- With UK Department of Health support, we delivered in April 2016:
  - **Training workshop** on the evidence needed to prioritise and develop national (federal – level) quality indicators and performance metrics in Mexico, with a focus on the role of clinical guidelines, routine health information, and other data.
  - **Round table meeting** between key health sector stakeholder groups, primarily from the Ministry of Health and social insurers
    - review the recommendations in the situational analysis
      - Remit and composition of potential working groups
      - Drafting of the *policy statement*
      - ***Subsecretaría de Integración y Desarrollo del Sector Salud, DGCES, DGTI, DGED, DGIS, IMSS, CENETEC***

# Policy statement (1)

*“All Directorates and Institutions present at a Roundtable meeting on 7-8 April 2016 have agreed on the **urgent need to work collaboratively on health care quality assessment, and have made several commitments detailed in this statement to deliver joint work**”*

(Endorsed at CONACAS, May 2016)

# Policy statement (2) – key areas

1. Commitment of **senior staff** in each institution to participate in an **inter-institutional Strategic Working Group**
2. Commitment of **technical staff** in each institution to participate in **inter-institutional Technical Working Groups**
3. Commitment from all institutions to **submit all relevant and agreed-upon data** and support development of a **common database**
4. Commitment to **support and maintain a consensus** within each institution **on the importance and goals of quality indicators**

# Methods and Process Manual

- National indicator programme (DGCES focal lead) – to develop a core set of indicators
- Content informed by:
  - Situational analysis, including feedback on it
  - Meetings and discussions during April visit, especially the Round table meeting and policy statement
  - Visits to Mexico in May and August to get feedback on drafts and collate additional information as necessary

# Manual content (1)

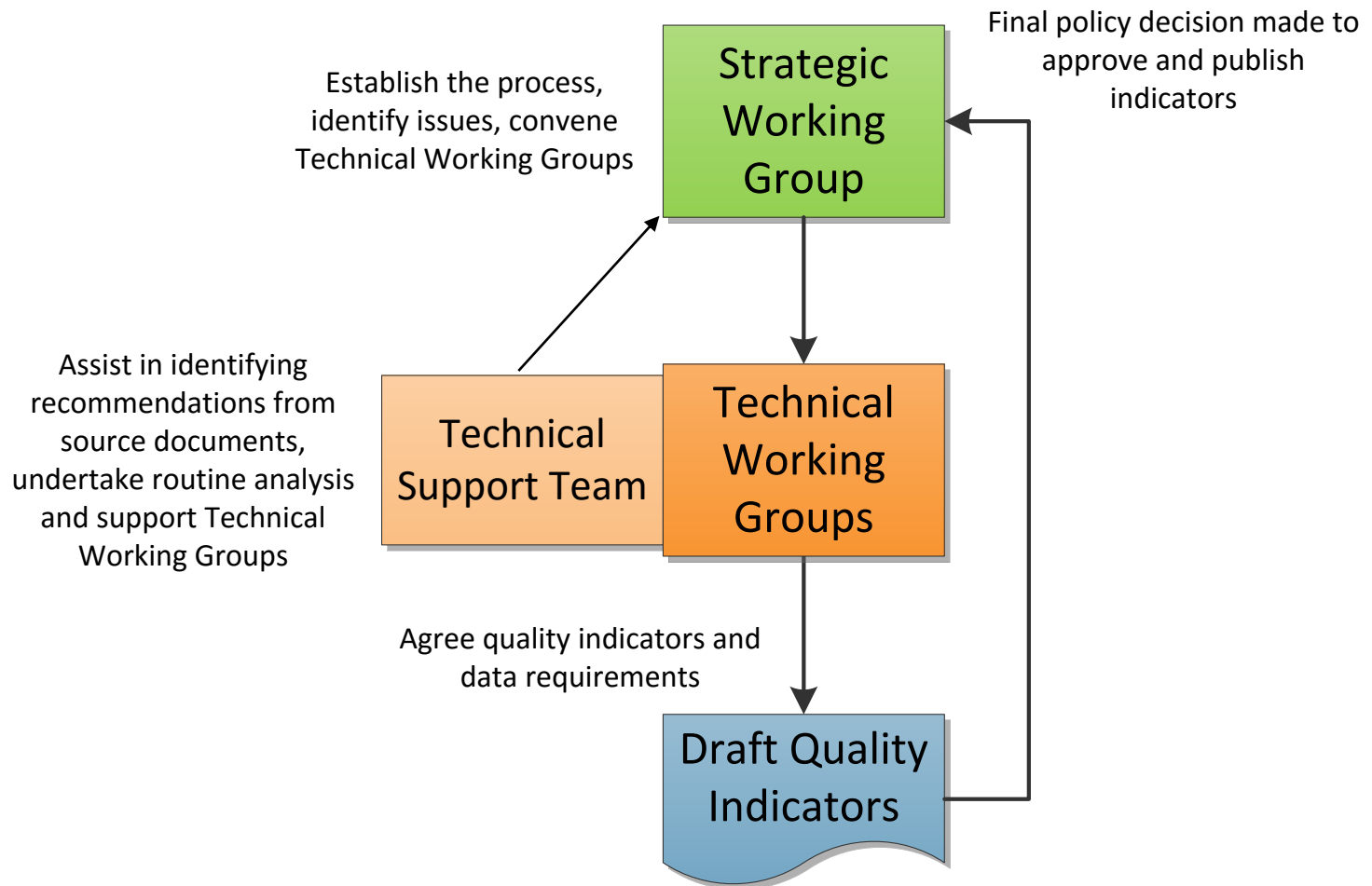
- This guide defines core principles for developing and implementing evidence-informed quality indicators, and describes the processes and methods ***to be applied in Mexico.***
- It is designed as a ***sustainable*** guide to help mandated health authorities in Mexico develop and implement robust and measurable indicators, derived from evidence-informed guidance (e.g. CENETEC guidelines), to improve the quality of patient care.
- Methods/processes evolve over time – need review mechanism to keep it relevant

# Manual content (2)

- Technical approach to:
  - Topic prioritisation
  - Identifying and using evidence and data
  - Indicator design
  - Considering cost-effectiveness and budget impact
  - Piloting
  - Implementation and impact assessment
- And **the processes** to be followed to apply methods consistently, transparently and with engagement from relevant stakeholder and “**working groups**” (roles and responsibilities)
  - Requires institutional coordination and cooperation
  - Includes need for reviewing the manual (led by Mexican owners)



# Links between the different groups (with multi-institutional representation)



# Implementing the manual

- Requires **capacity to be developed** in two broad areas:
  - **Technical** aspects – for example, skills in defining and developing indicators, commissioning and interpreting analyses
  - **Process and coordination** – for example, project management skills to ensure that the whole process operates efficiently and in a timely way, and that the right groups are involved at the right time

# Conclusions

- Capacity for robust quality improvement initiatives in Mexico already exists
  - the bigger challenge relates to overcoming system fragmentation and the associated tendency to duplicative and inefficient activities
- Progress has been made in securing a commitment by key institutions to collaborate on indicator development
- Need to maintain momentum:
  - Circulate manual to all key stakeholders
  - Begin process of manual implementation, led by DGCES, focusing on key disease areas of interest
  - Revise and update
- Seek out new opportunities for international collaboration, particularly in relation health (and social) care information and management

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Thank you very much for listening

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