Lic. José Reyes Baeza Terrazas – General Director, ISSSTE, Mexico



In 2016, the total number of our beneficiaries amounts to more than 13 million Mexicans

11.10.2016

Tags: Mexico, Healthcare, Social Security, Public Health, ISSSTE

José Reyes Baeza Terrazas, general director of ISSSTE (Institute for Social Security and Services for State Workers) documents some of the institution's key specificities that make it one of the most

complete social security organizations in all Latin America, while he reveals his strategic priorities to ensure ISSSTE becomes a more efficient healthcare provider, focused on addressing some of the country's most important public issues, such as diabetes, obesity and cancer.

Could you please start by introducing the role, function and purpose of ISSSTE within the Mexican healthcare ecosystem?

Since 1959, ISSSTE and its 100,000 employees have been providing healthcare services to all workers of the Mexican public sector (essentially State workers, public servants and public teachers) and their families, as well as to more than one million pensioners of the public sector. In 2016, the total number of our beneficiaries amounts to more than 13 million Mexicans.

ISSSTE can be regarded as the most comprehensive and integrated institution of its kind in all Latin America, because our overall service offering goes way beyond those of traditional social security institutions, which usually only cover life, pension and disabilities issues. In total, we provide more than 21 health-related services to our members, accompanying them from birth to the end of their lives. For example, our innovative childcare division, EBDIS, is dedicated to the well-being of more than 35,000 children, while – on the other hand – elderly care is also one of our priorities, and we

financially support those of our beneficiaries who have lost their husbands and wives. In this regard, one of the other key specificities of ISSSTE is that we offer to our beneficiaries a complete array of services, including tourism and financial support, mortgage and personal loans – among many services.

In total, ISSSTE's network holds more than 1,185 health centers, including health clinics as well as first, second and third level hospitals and family care units. ISSSTE's overall human resources comprise more than 22,200 doctors and 25,000 nurses. Statistically speaking, in 2015, we handled more than 23.5 million medical consultations, providing more than 364,627 hospital services, and 2,543,000 medical emergencies.

Looking at healthcare specifically, what was your mandate assigned to you by President Enrique Peña Nieto when you were appointed general director of the institution in August 2015?

I was assigned three key axes of development for the institution: fostering the modernization of ISSSTE, creating higher efficiency within our organization and ensuring its economic sustainability.

[Featured_in]

The modernization of the institution will obviously include investing in state-of-the-art medical equipment, improving our current infrastructure and opening new clinics and hospitals. In this regard, we also want to further refine our relationship with the private sector and generate greater public-private projects, in the likes of the six new major hospital complexes that we will soon be built in the states of Yucatan, Tabasco, Nayarit, Coahuila and Mexico City, following a public-private partnership model. In terms of healthcare innovation, we also want to maintain a fruitful relationship with the pharmaceutical industry, which plays a central role in brining innovative, life-changing treatments to Mexico. In this regard, we already hold more than 750 medicine references in our registries, and we currently are in the process of gradually replacing 32 of them with new treatments that could bring better health outcomes to our beneficiaries. Nevertheless, a true modernization of the institution implies more than only investing in equipment and treatments: ISSSTE is also committed to improve the quality of our interaction with our beneficiaries. In partnership with SNTISSSTE, the institution's main union which gathers more than 85,000 of our employees, we have launched the program "Trato Para Un Buen Trato" ["A Deal For A Good Treatment", e.d.] in which all our medical, administrative and management staff are concretely working on upgrading the quality of our service and our daily interactions with our beneficiaries.

Along these lines of action, one of my priorities is to ensure ISSSTE becomes more cost-efficient – without compromising the medical quality of our services. To get there, we should definitely implement some of the OECD's latest recommendations in terms of consolidation and resources allocation – and look at replicating some of the cost-saving measures recently implemented by another important Mexican social security institution: IMSS, headed by Mikel Arriola, former Federal Commissioner of Cofepris.

Could you document some of the measures you have been recently implementing to make ISSSTE a more cost-efficient institution?

This cost-efficiency effort notably relates to our ability to better and fully use our current resources and equipment. For example, we are currently committed to tremendously shortening waiting times to receive medical attention, high specialty services or access emergency and hospital rooms. In this vein, we have already managed to reduce hospital bed waiting time from an average of 20 to 8 hours. Nevertheless, if a GP needs one of our beneficiaries to consult a specialist, the waiting time may be up to 30 days. This delay remains highly unsatisfactory, and our goal is to ensure this entire process soon fits within a week's time. Furthermore, in 2015, we had in to total more than 8,500 delayed surgeries. By implementing monetary incentives to our doctors so they perform surgeries on weekends and nightshifts, we now conduct 3.5 surgeries per operating room each day; while we stood at an average of 2.7 only a year ago.

In the grand scheme of things, we also want our purchasing experts to acquire a finer market comprehension and ensure we are procuring our medicine and equipment at the best cost possible. In this approach, we need to further leverage the heightened bargaining power offered by consolidated and integrated purchasing schemes between institutions and throughout the country. Over the last three years, the latters have already allowed the overall Mexican public health system to save more than 11 billion pesos [around USD560 million], comprising a 3.2-bilion pesos [USD163 million] saving for ISSSTE alone. Another important approach relates to a better drug monitoring and management. We have implemented a new tracking system of our medical prescriptions, which allows us to eliminate duplicities in the assortment of drugs. Thanks to this new control method, we have already saved 400 million pesos in 2016 [around USD20 million]. We are now about to implement another sophisticated monitoring system to ensure that every patient only takes the exact treatment dose required by his prescription – no more nor less.

Overall, by implementing these upgraded, innovative processes, monitoring and purchasing models, we could be able to make total savings of 1.5 billion pesos [USD 76 million] for 2016.

The Mexican Health system is working on implementing exchange of services among the different social security institutions of the country: ISSSTE, IMSS and Seguro Popular. How are you progressing toward this crucial objective?

[related_story]

2016 and the next few years clearly stand as an unprecedented opportunity to implement a higher level of collaboration within the Mexican health system. As a starting point, our objective is to establish a common operational framework between the country's different social security institutions, which so far all display different processes and procedures. In this regard, we are jointly working on creating a common "catalog of service" (initially comprising 100 medical procedures) that will be shared by each different institution and thus available to all the beneficiaries of our different institutions – regardless of their affiliation. As a result, implementing exchange of services between our different institutions will stand as a great step toward universal healthcare, while allowing ISSSTE to generate better efficiencies that will be internally reinvested to further improve our services and to the benefit of our beneficiaries. Nevertheless, I want to stress that universalization does not mean privatization of our medical services, which remain and will always remain free of charge to our beneficiaries.

In the long term, we would like to ensure that our beneficiaries can receive any kind of medical services in any hospital or health facility of the country, even if they belong to another social security institutions.

Besides working on the fundamental milestone that the implementation of exchange of services is, ISSSTE is already greatly contributing to make universal health care a reality in our country. For example, looking at universal immunization campaign, ISSSTE alone provides every year over five million of vaccines out of the 80 million used by the overall public health system. We also implemented a life-saving agreement for obstetric emergencies, which allows all Mexicans to attend our services or health centers for this kind of services – regardless of their affiliation.

Mexico is now in the midst of an epidemiological and demographic transition that is placing evermore stress on ISSSTE budget. How are you adapting to this increasing financial and health burden?

We want our beneficiaries to become more responsible of their health and more aware of the negative impact of their bad life style habits. Seven out of ten Mexicans are overweight or obese; a condition that directly relates to diabetes, kidney failure, cardiovascular problems or even blindness. Such condition is preventable. If we truly want our population to become healthier, we

need to instill a “ self-care” approach among all layers of the population.

In the meantime, we need to invest important resources to improve our prevention capacity. We for instance recently strengthened MIDE, ISSSTE’s prevention program for diabetes, an epidemic that affects more than 15 percent of the Mexican adult population. Beside improving metabolic control and monitoring, we have been intensively training our health care professionals to help them better handle the disease and educate and *“responsibilize”* patients. Finally, we want to better integrate diabetes control with the treatment of related affections, such as overweight, cardiovascular or chronic kidney diseases.

Finally, fostering the early detection of cancer obviously stands as one of our first priorities. In collaboration with the most prominent university in Latin America, UNAM, we are developing diagnosis centers throughout the country and intensively training radiologists, enhancing the early detection of some of the most common forms of cancer, such as breast cancer. Regarding the latter, our goal is to conduct 500,000 mammograms per year in 2018, compared to the 150,000 we performed in 2015.

See more interviews