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Considered one of the leading medical authorities in the country, David Kershenobich provides an overview about the new challenges faced by the Mexican healthcare system with the transition from infectious to chronic-degenerative diseases, how the institute is implementing new patient centered care models to encourage prevention of risk factors and bend this trend.

You were a resident physician at the Institute during your medicine studies and are now back as general director. What does this mean to you?

Over the last several years, through my various other appointments with other organizations, I was able to get a better vision of the health system here in Mexico, which I have brought back with me to this institute. But, I wouldn't say I ever really left the institute. I would just say that I had the opportunity to get a broader perspective of the health and education system in Mexico, while at the same time continuing with my clinical duties here and also doing some research together with the institute.

Since being appointed as general director in June 2012 what have been your priorities?

I had to present to the institute's board of governors my plan of action over the next five years. I had to really think what would be relevant to the institution that I could contribute. Of course, the institute is a center of excellence, which is now almost 69 years old, and has a very good tradition of quality. At the same time, it has particular interest and a tradition in both research and academics. The top 10 percentile of medicine students apply to this institute, and this year alone we had above 500 applications, from which we selected only 160. When I had to think about what I would be doing

for the institute and how I could contribute, one priority was to preserve what we already have, the other was how to build upon this base.

What is the main change the Mexican healthcare system is experiencing?

The main transformation Mexico is undergoing is the migration from having a very successful health politics focused on controlling infectious diseases to having the current problem of controlling non-transmittable diseases. Mexico relies on a very successful vaccination program, for example, which has really helped control many pathologies. Moreover, there was also an improvement in the culture, with washing ones hands, which has significantly decreased child mortality due to diarrhea. This required a different kind of health system, a system where it was important to prevent a disease. And now we are faced with chronic non-transmittable diseases, where you have very important risk factors involving lifestyle ?? nutrition and exercise, for example. Another problem with non-transmittable diseases is that in this kind of diseases, once you are diagnosed with it, it's here to stay ?? diabetes is an example of this.

How did your approach as an institute to non-transmittable diseases change?

Chronic diseases cannot be approached in the same way we did for infectious diseases, as they require a completely new realignment in the way you attend them. Our institute cannot solve at country level the problems related to diabetes or arterial hypertension, or the fact that the population is growing older and now has more neurological disorders. But, what I think is important for the institute is to be a reference center. We are changing our model of care and how we approach patients, offering an integral care service. It is a model in which patients come in for a consultation that takes six hours, receive full lab tests and by the time they finish the examinations with all specialists, the results are ready. This saves patients time, as they do not have to make multiple trips, but, more importantly, it is a more comprehensive examination and consultation.

We are now comparing this system with the traditional system of patient care we had to see which gives better results. The main task of the institute is to develop these models and do research around them, which is what we are doing now with many of the non-transmittable diseases as well as with pain and terminal illness diseases. It is important to stress that we are not criticizing the traditional model: we are simply developing a new model to compare it with the traditional one with the hope of having a better impact.

You have been involved in several institutions here and you have also worked in collaboration with the government. How do you see the current commitment of the government to the health of Mexicans?

The Ministry of Health in Mexico is a very committed institution, and the different people that have had responsibility at the level of the government are very professional. Fortunately measures and policies over the years have remained consistent; a good example is the creation of a universal health coverage: it is something that has been built up over several periods, not from dusk to dawn. The people who have been in charge of the health system have all been very professional and dedicated, because, in the end, we all have the same objective: we want the best for our patients.

Talking about universal coverage, what impact did the implementation of the Seguro Popular have on prevention, one of the main issues when dealing with chronic-degenerative diseases?

Seguro Popular has been a huge advantage, despite some problems in terms of development and implementation. One of the big changes we need to foster is moving from a system focused on curing to a system focusing on prevention. The other part is the effort that is being put forth to affect

or modify lifestyle. Over the last several years, due to the shift the country is experiencing in terms of burden of disease, Mexico has realized this is a priority and the Ministry of Health is implementing a number of initiatives aimed at encouraging preventive measures. I think we will see results from these efforts in the next eight to 10 years, and I'm very hopeful that we will bend the curve of the risk factors. It's important to remember that it is not easy for us as physicians to decide the methods of implementing these changes, and likewise it is not easy to change the culture of the patients to incorporate these measures.

There is an increasing involvement of companies from the private sector, like Coca-Cola and Nestl , in programs for prevention with the Ministry of Health, which might seem a conflict of interest at times. How do you see this trend unfolding?

The common word for all is responsibility. At the same time that the industry is allowed to do business, companies are increasingly required to show responsibility. The same preventive measures that are applied in developed countries need to be implemented also in our country, there cannot be different standards for developed countries and developing countries. We are looking to get the best standards from these companies, like having better and more informative labels on products.

What are some of the priorities for the institute in the coming years and how do you see the healthcare sector in five years' time?

At the level of the institute, we need to incorporate as much innovation as possible in our research. We need to believe more in ourselves and we need to be accompanied by the government as with regard to regulations and rules. We also need to see more and more communication within the industry. It's very difficult to pinpoint particular things, but I think one common point for all of us practicing medicine is we are starting to understand better that we need more quality and assurance of the patients. Once you are able to incorporate the concept of quality and assurance, it can have a huge impact on the way healthcare is implemented for patients. I think this is permeating the Mexican institutions - slowly, but steadily.

At the institute, do you have any special projects that you personally would like to see accomplished?

From the institute's point of view, in January 2015 we opened a research core lab. We are trying to make the funding for research more efficient, so instead of everyone doing their research in their own labs we want to create a centralized lab where research can be done collaboratively. In order to centralize research and testing, and in order to open a core lab, we need to have people who really know the methodology of research, which is what we are working on. This is something that I would really like to see realized. And, of course, we would also love to see one of our researches win a Nobel Prize.

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