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## Mexico's Healthcare System

### Assessing Quality Across Healthcare Subsystems in Mexico

Mexico faces significant challenges in the provision of high-quality healthcare services to its population. This dilemma is the result of a protracted epidemiological transition whereby the country faces what some experts have called a “double burden” of ill health. That is, Mexico’s population continues to experience infectious diseases, malnutrition, and reproductive health challenges, while it also faces an increasing incidence of noncommunicable diseases together with growing injury rates and violence. The distribution of these 2 types of health challenges is widely different among diverse population groups and geographical areas, leading to large inequities in health outcomes.

In Mexico, as in many other developing countries, the healthcare system has been unable to keep up with the growing financial pressures posed by this double burden. In trying to handle increasingly complicated health problems, the Mexican government launched a health reform initiative in 2001 that attempted to address inequities in access while improving healthcare quality. Inequity was addressed by implementing the Seguro Popular (Popular Health Insurance). The Seguro Popular provides beneficiaries with access to healthcare services in facilities operated by the Ministry of Health and the Instituto Mexicano de Seguridad Social (IMSS; Mexican Social Security Institute). More specifically, in 2001, the Mexican

government launched the Crusade for Health Care Quality, whose goal was to provide high-quality care to the population by offering health services in a framework that respects human dignity, autonomy, confidentiality as well as granting the population the right to choose a physician or the clinic of first contact, to make use of fair general services in health units, to face reasonable wait times for a consultation or intervention, and to have access to the networks of social support during inpatient stays. Given the implementation of these healthcare reform initiatives targeting different population segments, it is of key policy relevance to assess the level of healthcare quality across the different institutions, or subsystems, that comprise the Mexican healthcare system.

In a recent study published by Andrea Puig, BSc, José A Pagán, PhD, and Rebeca Wong, PhD, the authors used the 2006 Encuesta Nacional de Salud y Nutrición (ENSANut; National Health and Nutrition Survey) to evaluate the perception of users of the healthcare system regarding the quality of care they received. In particular, they analyzed the differences in perceived quality among the users of the different healthcare subsystems that exist in Mexico. For this study, the authors used a subsample of the population that used any kind of healthcare services due to sickness, injury, accident, prevention, or rehabilitation within 6 months prior to



the survey.

As the importance of health in the agenda of most Latin American and Caribbean countries grows, the responsibility to measure accurately its complex dimensions and to assess the effects of increasing investments becomes more relevant. The recent surge in political and financial will to improve population health in Mexico through policies such as the Seguro Popular has to be matched by an adequate response from the community of experts, to ensure that the challenges are well understood and resources are allocated in the most effective way. These goals can be achieved only if there is a firm foundation of metrics and evaluation. In this sense, the World Health Organization has advocated the need to assess the performance of healthcare systems along 3 fundamental goals: improving health, enhancing responsiveness to the expectations of the population, and ensuring fairness of financial contribution.

The authors found that among 7234 users of health services surveyed in the 2006 National Health and Nutrition Survey (ENSANut), the facilities of the 2 main healthcare subsystems for private and public sector workers—IMSS and ISSSTE—were less favorably rated than the facilities in the other health subsystems. This is important, because two thirds of users reported that they received healthcare services from facilities within these 2 subsystems. Hence, the study shows that private institutions have a higher perceived quality of care. These perceptions help explain why more than 50% of the total health expenditures in Mexico come from private sources and

more than 90% of these expenditures are paid directly out of pocket (SSA-INSP, 2001). This analysis also shows that higher educational achievement is associated with a higher likelihood of using private providers; 41% of the population with a college degree or beyond used private health providers, while only 26% of people with only primary education did so.

Much work remains to be done by Mexican institutions to face the daunting challenge of a double burden of disease to surmount an incomplete epidemiological transition. The results presented here suggest that inequalities in healthcare quality persist across different healthcare subsystems, even after the implementation of ambitious reforms to the healthcare system in recent years. The findings also point out the need to balance the quality of ambulatory care throughout a rather unequal and fragmented healthcare system.

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