Guideline Program & Health Policies in Mexico

Carlos Jiménez Gutiérrez
Mexican Cochrane Network / Iberoamerican Cochrane Network
cjimenez62@gmail.com

I. LEGISLATION FRAMEWORK WITHIN MEXICO'S HEALTH SYSTEM

- Political Constitution
- General Health Code 2009
- National Development Plan 2007-2012
- National Health Program 2007-2012
- Sectorial Health Program 2007-2012
- Research Health Program 2007-2012
II. LEGISLATION FRAMEWORK WITHIN MEXICO’S HEALTH SYSTEM

<table>
<thead>
<tr>
<th>STAGE I</th>
<th>STAGE II</th>
<th>STAGE III</th>
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<td></td>
<td>WHO World Research Summit. Mexico 2004</td>
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Timeline

HEALTH RESEARCH
- Delivery of health services,
- New techniques and methods
  ✓ Diagnosis
  ✓ Therapeutic

CLINICAL PRACTICE GUIDELINES
- Design, Promotion and Adoption of Clinical Guidelines
- Consensus
- Based on scientific evidence
- Medication Prescription
- Evidence based medicine
- Costs

HEALTH RESEARCH
- Effective Interventions
  - CCT
  - SR

SCIENTIFIC EVIDENCE
- Decision making
- Reporting

CLINICAL PRACTICE GUIDELINES
1. Evidence Based Medicine
2. Clinical practice guidelines
3. Medical attention protocols
4. Master Catalog of Clinical Practice Guidelines
5. Evaluation of health technologies

LEVEL OF EVIDENCE
- Financial studies
- Epidemiological Studies
- Evidence Based Health System
- Evidence Based Medical Attention

CONCEPTUAL FRAMEWORK FOR DECISION MAKING IN HEALTH

Key information sources and technical resources
1. National Health Program 2002-2006
2. Administrative Information Records
   - Health Department Vital Statistics
   - Vital Records. National Institute of Statistics and Geography
   - Health Department hospital discharges
   - Hospital discharges Mexican Social Security Institute
3. Population Growth Projections
   - National Population Council
4. National Health and Nutrition Survey
5. Cost-effectiveness analysis. WHO
GUIDELINE DEVELOPMENT PROCESS (SIGN 2008)

- Audit and evaluation
- Organizing the development of CPGs
- Systematic review of the available literature
- Selection of CPG topics
- CPG working group composition
- CPG working group composition
- Production of clinical recommendations
- Peer deliberation and evaluation
- Presentation and production
- Local implementation


GUIDELINE PRODUCTION PLAN FOR MEXICO

- INTERATIONAL CLINICAL PRACTICE GUIDELINES INTERNACIONALES
  - Produced:
    - GIN (102)
    - INAHTA (40)
    - etc.

- ADAPTATION
- “DE NOVO”
- ACCEPT

- MEXICAN CLINICAL PRACTICE GUIDELINES
  - CENETEC
  - National Health Program (PRONASA) 2007-2012
  - Master Catalog of Clinical Practice Guidelines
  - N = 188
CURRENT BENEFITS IN THE DEVELOPMENT OF GUIDELINES

- The existence and development of guidelines is specifically mentioned in public health policy since 2002.
- The vision to develop guidelines under the methodological rigor encouraged by the Guideline International Network is now an integral part of public health policies.
- The creation, in 2004, of National Center for Health Technology Excellence (CENETEC).
- The adoption of a methodology in line with the G-I-N member manuals.
- The guideline adoption and adaptation process has already begun.
- Consensus based evidence level and clinical recommendation modifications.

2004-2009 WORK PROCESS AND PLAN

STAGE I
Guideline adoption and adaptation
CENETEC 2004 to 2009

I. DELIMITATION OF THE TOPIC
- Prioritization: Clinical Practice Guideline
- National Committee
- Department of Health Organizations = 20
- Permanent Advisors = 5

II. SEARCH FOR INFORMATION

III. CPG SELECTION
- Quality of the Content

IV. SYNTHESIS OF THE INFORMATION

V. SELECTION

VI. RECOMMENDATIONS

VII. INTERNAL PEER VALIDATION

VIII. INTEGRATION OF MEXICAN GUIDELINES

STAGE II
Guideline Implementation process

IX. EXTERNAL VALIDATION
- National Academy of Medicine
- Mexican Academy of Surgeons
- Mexican Academy of Pediatrics

X. INCLUSION IN THE MASTER CATALOG OF GUIDELINES

XI. CPG IMPLEMENTATION
- Bureau of Quality and Education in Health

XII. GUIDELINE DISSEMINATION AUTHORIZATION

XIII. CPG EVALUATION
- Performance Evaluation Bureau
SECTORIAL OPERATING MODEL, STRUCTURE AND LEVELS OF RESPONSIBILITY (CENETEC)

**Clinical Practice Guideline National Committee**
- HEALTH DEPARTMENT, IMSS, ISSSTE, SEDENA, DIF, SEMAR, PEMEX
- Institutions belonging to the public, private, and academic sectors

**ELABORATION**
- HEALTH DEPARTMENT, IMSS, ISSSTE, SEDENA, DIF, SEMAR, PEMEX
- Institutions belonging to the public, private, and academic sectors

**COLLABORATION**
- Mexican Cochrane Network

**VALIDATION**
- National Academy of Medicine
- Mexican Academy of Surgeons
- National Academy of Pediatrics

**AUTHORIZATION**
- General Sanitation Council

**IMPLEMENTATION**
- Medical Units belonging to the National Health System

**ADOPTION**
- SS, IMSS, ISSSTE, SEDENA, DIF, SEMAR, PEMEX
- Institutions belonging to the public, private, and academic sectors

**ACRONYMS (SPANISH)**
- SS = Secretaría de Salud
- IMSS = Instituto Mexicano del Seguro Social
- ISSSTE = Instituto de Seguridad y Servicios Sociales para Trabajadores del Estado
- SEDENA = Secretaría de la Defensa Nacional
- DIF = Desarrollo Integral para la Familia
- SEMAR = Secretaría de Marina y Armada de México
- PEMEX = Petróleos Mexicanos

INTERMEDIATE PRODUCTS, 2006 - 2009 PERIOD
http://www.cenetec.salud.gob.mx/interior/catalogoMaestroGPC.html

No. Guidelines committed: 177
Last Update: Tuesday, October 3, 2009. CENETEC. Dra. Lourdes Dávalos Rodríguez

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Dripping and pouring were ways of providing more ingenious and original solutions to his works.

PUBLIC HEALTH POLICIES WORKING AGENDA (STAGE III)

1. Education
   - Thesis Postgraduate
   - Cochrane Centers
   - Teacher's Association
   - Board of Teaching

2. Standardization and Accreditation of Attention Services
   - Operation Manuals

3. Audits (Internal and External)
   - Hospital Certification (Sí Calidad" Quality Program)

4. Research
   - Cochrane Centers
   - Research Commission
   - Ethics Commission
   - Biological and Infectious Risks Commission
   - Researchers' Association
   - Research Commissions

5. Health Technology Evaluation
   - Mexican Cochrane Network
   - Evidence Based Attention Institutions Network

6. Implementation
7. Dissemination
8. Development
9. Evaluation
10. Update

CLINICAL PRACTICE GUIDELINES
CLINICAL ATTENTION PROTOCOLS

Jackson Pollock (1912 – 1956)

Painting: Number 5 1948, 2006. 140 million dollars
### BALANCE IN THE DESIGN AND STRUCTURE OF THE GUIDELINES

<table>
<thead>
<tr>
<th>AGREE</th>
<th>BEFORE 2004</th>
<th>AFTER 2004</th>
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<tbody>
<tr>
<td>Scope and purpose</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Stakeholder involvement</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Rigor of development</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Clarity and presentation</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Applicability</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Editorial independence</td>
<td>No</td>
<td>Yes</td>
</tr>
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### CURRENT CHALLENGES FOR THE PRODUCTION OF GUIDELINES

- **Political Pressure**
  - Health Department
  - Centralism National Health Institutes vs Decentralization State Level Health Departments

- **Institutional Research Policies**
  - National Council on Science and Technology
  - National Researchers System
  - National Health Institutes
  - High Specialty Hospitals

- **Health Professionals**
  - Empowerment
  - Work Loads
  - Workforce Recognition

- **Formal Contracts**
  - State Authorities
  - Health Professionals
  - National Health Institutes
  - High Specialty Hospitals

- **Health Technology Agencies**
  - Scientific and Management Self Regulation
  - Workforce Professionalization
  - Good Collaboration Practices
  - Declaring Conflicts of Interest

- **Financing**
  - Access to G-I-N and other Databases
  - Access to Complete Literature

- **Methodology**
  - Methodological Rigor
  - Internal and External Evaluators
  - Permanent Advisors
  - Manual Updates

- **Continuous Education Programs**
  - Health Professionals
  - Undergraduate and Postgraduate Students

- **Production Time**
  - Quality vs Time
  - Short Term vs Long Term
Carlos Jiménez Gutiérrez (PhD) is researchear at the National Institute of Pediatrics and Woman Hospital at México City.

He is professor of Evidence Based Medicine, research methodology at Medical School of the National University of México (UNAM), National Institute of Pediatrics and Woman Hospital.

He has been involved with the Iberoamerican Cochrane Network since 2001, and is active member of the Mexican Cochrane Network.

Carlos represents Steering Group on the Mexican Cochrane Network on the meetings Iberoamerican Cochrane Network and Cochrane Colloquiums.

Carlos is runner of 10 km, is lover of poetry.

cjmenez62@gmail.com
Cel: (+52) 04455--35-09-25-03
Personal Details

- Name: Jimenez Gutierrez Carlos
- Email: cjimenez62@gmail.com
- Mobile /telephone number: (+52) 04455-35-09-25-03
- Date and place of birth: february 22, 962
- Nationality (Civil status): Mexicano

Education

- Public Health Dr (PhD). Santiago of Compostela University. Spain.
- Public Health Master, Santiago of Compostela University. Spain.
- Psychology. Metropolitan University. Mexico City.

Work experience

1987 – 2003
- National Institute of Public Health.
- Research in Medical Sciences. Level “C”
- Centro de Investigaciones en Salud Poblacional.
- Centro de Información para Decisiones en Salud
- Responsable del Centro Colaborador Cochrane.

2003 – 2009
- National Institute of Pediatrics.
- Research in Medical Sciences. Level “E”
- Responsable de la Unidad de Análisis de la Evidencia.
- Centro Colaborador Cochrane.