

The 6th International G-I-N Conference. Lisbon 2009 Guidelines, Policies and Politics

Guideline Program & Health Policies in Mexico

Carlos Jiménez Gutiérrez.

Cochrane Collaboration Center at the National Institute of Pediatrics. Mexican
Cochrane Network. Iberoamerican Cochrane Network. Mexico.
cjimenez62@gmail.com

Mexico's health services provide medical attention, public health and social services; Mexico's health research revolves around public, clinical and basic health.

Clinical Practice Guidelines (CPG) are not explicitly mentioned in Mexico's General Health Code, within the context of Mexico's health legislation; however, health research is mentioned and "the study of the techniques and methods recommended or employed in the delivery of health services, and the use of new therapeutic or diagnostic resources" are pointed out.

Within the 2002-2006 National Development Plan (PND) the REFORM of the health sector refers to the concept of INTERVENTIONS. "Cost effective Intervention Protocols" are explicitly mentioned as a core concept of the health services basic package. The 2007-2012 PND does not explicitly mention the concept of CPGs.

For the first time, the 2002-2006 National Health Program, mentions the "design, promotion and adoption of consensus and scientific evidence based clinical guidelines", as well as the "design and use of explicit technical quality indicators which favor the rational use of resources and infrastructure" and "medication prescription guidelines which include relevant evidence based medicine and cost information" as one of the policies prompted by the strategies and objectives which it introduced.

In continuation of the 2002-2006 National Health Program, the 2007-2012 National Health Program explicitly and clearly mentions the concept of "Evidence Based Medicine", while at the same time underscoring the "production of scientific evidence to be used as a decision making and reporting tool" as one of its components. The program also mentions "promoting the use of clinical practice guidelines and medical attention protocols", advancing the evaluation of health technologies" and "incorporating the Master Catalog of Clinical Practice Guidelines" among its strategies and policies.

CPGs were not explicitly mentioned during the plebiscite of the Mexican Health Education and Research Forum which took place in 2001 and which paved the way for the analysis and activities which contributed to the increase in health research.

The key decision making information sources for the 2001-2006 period have been administrative information records, population growth projections, household surveys and cost-effectiveness model analysis. The level of evidence reflected by this type of actions is based on the epidemiological study model and on financial assessments.

The National Center for Health Technology Excellence (CENETEC) was founded in 2004 and is in line with the strategies and objectives presented in the 2007-2012 National Development Plan. Its principal goal is to "collect systematic and objective information relevant to the evaluation, management and appropriate use of health technologies, which provides reliable data pertaining to the effectiveness, safety, applications and regulations in the area of health technology, in order to support decision making processes and the optimal use of resources".

Among its principal functions are those of "developing planning, managing and evaluating tools for the National Health System", while "advancing the evaluation of health technologies" and "incorporating the Master Catalog of Clinical Practice Guidelines" is its chief responsibility.

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During the year 2007 the "General Outline for the Consolidation of Clinical Practice Guidelines" was drafted. The resulting technical document or manual incorporates the international methodology for the development of the relevant clinical questions, the information search strategy, information synthesis and qualitative evaluation of other CPGs through AGREE (Appraisal of Guidelines Research and Evaluation).

Between the years 2007 and 2008, 500 health professionals within the National Health System received training.

The Mexican / Iberoamerican Cochrane Network (RCM), through the Cochrane Collaboration Center at the National Institute of Pediatrics (CCINP), has participated, at no profit, in the methodological production of the "General Outline for the Consolidation of Clinical Practice Guidelines" while its members have acted as "Full Professors" in the 2007 and 2008 training courses.

During 2009 the RCM and the CCINP have declared conflicts of interest with the CENETEC, as production times have been reduced and the methodology used to train health professionals has become more relaxed.

As of June 2009 the dissemination and implementation of the CPGs has been the responsibility of the Bureau of Quality and Education in Health. This department has enlisted the Strategic Working Group for the Dissemination and Implementation of CPGs, formed by 14 institutional members; among them the Mexican Cochrane Network.

Its goal for 2008 was the production of 187 CPGs, by the Mexican Health Department (SS), the Mexican Social Security Institute (IMSS) and the State Employees' Social Security and Social Services Institute (ISSSTE). Up until June of 2009 the SS has committed to 71 CPGs and has published 8; 51 are undergoing validation. The IMSS has committed to 94 and has published 2; 76 are undergoing validation. The ISSSTE has committed to 23 and has not yet published any; 11 are undergoing validation. Altogether 16 CPGs have been authorized for publication in the Master Catalog of Clinical Practice Guidelines.

The following are among the principal obstacles in the development of CPGs in Mexico:

1. Conflicts of interest caused by political pressure impede the adherence to the Master Catalog of Clinical Practice Guidelines.
2. The lack of formal commitment and of scientific returns among participating members.
3. Conflicts of information due to the recent introduction of the Systematic Review methodology and CPGs.
4. A lack of funding for the implementation of the Systematic Review methodology and of CPGs.
5. A lack of congruency in the time allotted for the production and for the implementation of new methodologies.
6. The lack of a concrete funding policy which would allow CPGs and Systematic Reviews to be considered as integral parts of the new paradigms in scientific research.
7. A lack of congruency between the explicit policy for systematic decision making and the implementation of the Systematic Review methodology and CPGs.
8. No specific policy has been implemented to include CPGs and Systematic Reviews in undergraduate and postgraduate educational programs.
9. CPGs created in previous years suffer from multiple flaws.
 - a. There are no clear scope and no clear objectives.
 - b. The point of view of health professionals is being ignored.
 - c. The level of evidence and clinical recommendations is based on consensus.
 - d. Undue emphasis has been placed on the design and presentation of the format.
 - e. No consideration has been given to organizational implementation.
 - f. Authors do not declare conflicts of interest.

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During the last 12 years, the Mexican Health System has encouraged the introduction of strategies and specific policies based on international initiatives through its National Health Programs. The development and implementation of new methodologies for the fulfillment of the objectives set forth presupposes a training-learning process for all health professionals and decision makers, who will need to re-examine, supervise and evaluate each other on the fly.

Among the challenges ahead of us and in agreement with the Ministerial Summit on Health Research which took place in Mexico, in November of 2004, we must:

- Evaluate our National research system,
- encourage the adoption of new methodologies (systematic reviews and clinical practice guidelines),
- develop a regional and universal platform for recording randomized clinical trials,
- strengthen research in biomedical, health sciences, public health and the health systems,
- reflect the highest quality in the design, structure and methodology of CPGs being produced, through the training of health professionals.
- The implementation of the above must reflect the efficacy of the clinical recommendations made to improve the overall health of the population.