IMSS Digital
A case of the Mexican Social Security Institute

Mexican Social Security Institute
Mexico

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Summary

The Mexican Social Security Institute (IMSS), as the largest social security institute in Latin America, services 70 million Mexicans through 6,000 medical units and administrative facilities across the country. Faced with the challenge of increasing the quality and coverage of a cost-efficient model, the IMSS Digital strategy was launched in 2013 under the framework of the National Digital Strategy of the Office of the President of the Republic, with the aim of creating a digital service-delivery model to supplement the on-site model, unfolding various service channels using digital and information services.

Since January 2014, 25.5 million events have been attended remotely, 71 per cent via internet and 29 per cent via telephone. The 18.2 million contacts addressed via internet have saved 70 million hours, leading to greater productivity for the IMSS and for the country and setting one of the best examples of how to improve the services and make the Institute solvent.

CRITERIA 1

What was the issue/problem/challenge addressed by your good practice?

One of the IMSS's main challenges is to increase the quality and the coverage of a cost-efficient model. Typically, the Institute had dealt with this challenge through the standard model of physical offices and face-to-face attention (*bricks and mortar*), as indicated in diagram 1. Under this model, priority is given to increasing geographical coverage through a greater number of hospitals and public service offices, generating a need for human resources and equipment, with the cost increase that this entails. This trend, together with other problems such as demographic and epidemiological transition, has significantly increased the operative complexity of the Institute, leading to a loss of control, lower quality of services and financial pressure.

Diagram 1: Bricks and Mortar Model
Under the traditional model, the IMSS sought to streamline its operations by meeting internal needs with services in the Institute on a face-to-face and discretion basis. Both the development of the *bricks and mortar* model and the streamlining model proved insufficient and economically unviable in an environment of significant financial challenges.

*Bricks and mortar*: Expression used to describe a traditional business that operates using physical infrastructure based on bricks and mortar. Under this model, the increase in supply capacities is based on the accumulation of facilities.

**CRITERIA 2**

What were the main objectives and the expected outcomes?

In 2013, the Directorate-General established two objectives: to provide better quality and more user-friendly services and to make the Institute solvent. This is impossible to achieve under the traditional model described above (*brick and mortar*), whereby an additional objective was established in order to find innovative models as a means of stepping up the service model. As a result, it was established that in the first years of the current administration, costs should be reduced, contributions (payments) increased and the efficiency of services improved.

**CRITERIA 3**

What is the innovative approach/strategy followed to achieve the objectives?

The IMSS Digital strategy was developed in accordance with the institutional objectives. It seeks to develop a sustainable service framework using a digital model. As of 2013, the Institute used this strategy to establish the good practice of resolving the challenge of scalability by means of a digital focus to unfold various public service channels, with digital and information services provided by the Institute and other actors, as shown in diagram 2.

Diagram 2: Digital focus
In order to address the challenge of scalability, the multichannel model needed to provide services indistinctly across all the relevant media channels, requiring the portability of services and information across on-site and remote channels. To achieve this rapidly and cheaply it was necessary to capitalize on the infrastructure that was already available, reusing and making the best use of existing elements. To that end, IMSS Digital set an annual workplan for actions beyond digital channels, modernizing the Institute IT services, systems and practices in terms of data and information management.

Efforts in the area of information and communications technology (ICT) are now focused on people's needs, reducing the outward complexity of the IMSS and enabling open value chains in which the Institute participates digitally, regardless of whether they are initiated or completed by external actors.

The first phase launched by IMSS Digital concentrated on registration and contribution collection procedures as a starting point in the relationship with the Institute. The result was the simplification of 56 procedures into 25, of which 10 were digitalized through 33 digital services targeting different audiences, service channels and types of procedure.

The most important channel for this model is the website www.imss.gob.mx "Acercando el IMSS al Ciudadano" (Bringing the IMSS closer to the public), which is used by more than 260,000 people every day. This website was redesigned to classify information by user groups according to their life stage; in other words, information is provided according to the user type and the time at which it is needed. Monthly visits to the site more than doubled between the first semester of 2014 and the first semester of 2015 while the bounce rate*, measuring online visitor traffic, has decreased by 19 per cent as users stay longer and navigate through more sections of the website, finding valuable information. The above is indicated in graph 1.
The most notable results relate to remote services provided through the Contact Centre and the website, which have attended to 25.5 million events, 71 per cent via internet and 29 per cent via telephone, as indicated in graph 2.

The 18.2 million digital services provided via internet have saved more than 70 million hours, which is equivalent to the hours worked over a whole year by 28 thousand people in working days of 8 hours, 6 days a week. Digital services also freed up 5.3 million helpdesk hours for face-to-face services in other areas. This points to a greater productivity rate in the IMSS and in the country, and sets one of the best examples of how to improve the quality and user-friendliness of the services provided and make the Institute solvent.
The new remote service channel "App IMS Digital" was launched for smart phones and tablets and contains the Branches Directory service, as the first such service in the IMSS and in the public health sector. This uses geo-localization to find Institute branches or clinics within a determined area. After four months, it has been downloaded 8,000 times. The application will progressively include all the digital services of the IMSS Digital strategy.

*Bounce rate:* the percentage of visitors to a particular website who navigate away from the site after viewing only one page, after a few seconds. Avinash Kaushik of Google Analytics.

**CRITERIA 4**

**Have the resources and inputs been used in an optimal way to achieve the set objectives and the expected outcomes? Please specify what internal or external evaluations of the practice have taken place and what impact/results have been identified/achieved so far.**

In 2012, inertia and an institutional culture bred by the low service levels and high risks of technological operation under the traditional model meant that 80 per cent of the ITC budget was allocated to the daily operation of the Institute (i.e. keeping the lights on), while 20 per cent was spent on improvements and updates, without any kind of innovation.

In order to reverse this practice, in 2013 the IMSS Digital strategy streamlined and prioritized the portfolio of technological initiatives; contracts were reviewed and optimized to streamline operative costs; and expensive and incongruous initiatives were cancelled. In 2014, this enabled a better use of expenses and the reassignment of part of the budget to strategic projects as described in Table 1.

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Expenses</th>
<th>Upgrades and Updates</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>79%</td>
<td>21%</td>
<td>-</td>
</tr>
<tr>
<td>2013</td>
<td>81%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>2014</td>
<td>57%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>2015</td>
<td>49%</td>
<td>19%</td>
<td>32%</td>
</tr>
<tr>
<td>2016</td>
<td>36%</td>
<td>10%</td>
<td>54%</td>
</tr>
</tbody>
</table>

The IMSS Digital strategy is aligned to the National Digital Strategy (EDN) launched by the Office of the President. Accordingly, the Institute is subject to constant evaluations, standing as a reference telecommunications network in the EDN framework, in terms of its digital services, open content and mobile service channels.
CRITERIA 5

What lessons have been learned? To what extent would your good practice be appropriate for replication by other social security institutions?

The implementation of the strategy has been an enormous challenge given that it was not easy to bring about such a large-scale transformation in such a large and complex institution that had, for years, been accustomed to working with obsolete organizational and technological models. Accordingly, it was essential to:

- Develop a technological project within a business model that focused on the user in order to leverage the buy-in, involvement and funding of the Directorate-General and the Government bodies within the Institute.

- Take time to analyze the budget and align it with the objectives of the IMSS Digital strategy, allowing the reassignment of parked funds and the redistribution of expenditure with a focus on innovation.

- Adopt a training and technology procurement model, abandoning the self-consumption model and adopting a model of consumption on demand by outsourcing services. In this way, the IMSS is removing technological and operative restrictions, avoiding capital expenditure on: technological infrastructure, civil works, contracting specialized staff, maintenance expenditure and obsolescence.

The strategy can be reproduced given that it recognizes that society is immersed in a digital world and it is therefore the duty of institutions to move towards digitalization in order to adapt to this new reality.