



Comisión
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**Evaluación y
Productividad**

EXECUTIVE SUMMARY

Analysis of the Implementation of the
Recommendations made by CNEP for
Primary Healthcare in 2022

2024

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This report evaluates the progress of the recommendations made by the National Commission for Evaluation and Productivity (CNEP) to enhance Primary Healthcare (PHC) in Chile, originally presented in 2022. This analysis aims to provide relevant information for the 2025 budget discussion, adjusting and prioritizing specific measures to ensure their effectiveness.

CNEP's 2022 assessment focused on strengthening the healthcare system to increase PHC coverage, improve the quality and efficiency of resource use, and reduce inequalities in access to services. At the time, CNEP issued 36 recommendations to optimize the organization of resources, infrastructure, technology, and financing. These actions primarily addressed access and efficiency within the system.

In this analysis, the 36 recommendations are broken down into 56 measures.¹ The evaluation employed a methodology using analytical frameworks derived from the theory of change, health system functions, and PHC functions, among others, developed by the World Health Organization and adapted for this purpose. The goal was to quantify the progress made in implementing the actions through objective analysis, whether these actions were processes or regulations, ensuring their verification through official public administration documentation.

The progress analysis reveals that 52% of the proposed measures have yet to be significantly addressed, 36% have seen partial progress, and only 13% have been fully implemented. On average, CNEP's 2022 study recommendations have achieved a 36% implementation rate.

While the progress in PHC improvements is positive and aligned with the objectives, a more robust logical structure is required to ensure long-term success. Regulatory frameworks that allow the actions to continue regardless of personnel changes should support this. Furthermore, it is necessary to integrate other state institutions more organically, given their roles and expertise, to ensure consistency in the efforts.

As two years have passed since the recommendations were published, CNEP proposes updating and adapting 14 of the 36 recommendations to make them more effective and suited to current circumstances. The original 36 recommendations remain intact, as they were developed through analytical consensus and voted on by the council members. However,

¹ For example, one recommendation may be related to two measures.

they have been adjusted and prioritized based on their direct connection to key drivers for achieving PHC goals and their financial feasibility and timing.

Thirteen measures were prioritized for short-term implementation due to their significant impact and low financial cost. These measures are essential for improving governance, infrastructure, digital technology implementation, and promoting sustainable financing that enhances service delivery efficiency.

It is essential to highlight that improving PHC efficiency is not solely the responsibility of the Ministry of Health but also involves other public institutions, such as the Ministry of Finance, underscoring the need for active participation from other state institutions to ensure the sustainable development of this care model for the population.

In summary, actions requiring legal and regulatory adjustments will require consensus among various stakeholders. However, this is not considered a technical issue for implementation but rather a matter of coordination and politics.

Progress on the Recommendations

1. The evaluation of the progress of the 56 measures derived from the 36 recommendations reveals that 52% have not been addressed, 36% show partial progress, and the Ministry of Health has fully adopted 13%.

2. According to the original study's sections, the most significant proportion of unaddressed measures (58%) are in the "Resource Organization" section. However, this section also has the highest proportion of fully adopted measures (54%). Regarding IT and civil infrastructure, 50% of the measures show partial progress, while in financing, 59% of the measures have not been addressed yet. 17% are fully implemented.

Analyzing system function, the areas of governance and financing show the least progress, with 62% and 36% of their related measures unaddressed, respectively. Conversely, the function related to "Resource Generation" has the highest rate of partial progress, with 75% of these measures partially implemented. Governance is associated with the most significant number of measures, 23 of which remain unaddressed, and 12 show partial progress. Service delivery exhibits a more balanced level of progress, with two measures fully implemented and two partially completed, meaning 40% of these measures have been fully adopted and another 40% show partial progress.

3. The analysis of the recommendations shows that only two measures, corresponding to recommendations 2.1 and 2.2, have been fully implemented (100%). These recommendations relate to the TeleHealth strategy. Other measures, such as 4.5 (clinical risk groupings) and

2.3 (appointment management), have made significant partial progress, with 70% and 67% completion, respectively. Most measures have progressed by 50%, indicating moderate progress. However, a high number of measures remain unaddressed, with 0% progress.

4. Overall, the recommendations have a compliance rate of 36%. With a total score of 56, 20 points have been achieved. This indicates that, while progress has been made, a significant portion of the recommendations still needs to be implemented.

Summary of Adjustments and Prioritization of Recommendations

1. Regarding adjustments, the analysis highlights 12 recommendations related to the "Resource Organization" section, justified by the need to strengthen inter-institutional coordination, improve operational efficiency, and ensure adequate resource allocation. These recommendations are designed to guarantee financial sustainability and improve the management of human and technological resources in the PHC system. Additionally, two recommendations are linked to IT and civil infrastructure, with one focusing on IT and the other on physical infrastructure. These updates are justified by adjusting institutional responsibilities according to current legal frameworks. Coordinating these efforts across sectors, including the Ministry of Health, Ministry of Finance, and Ministry of Public Works, is crucial for ensuring efficient and comprehensive management.

2. Proposed adjustments include redefining FONASA's role in healthcare financing and involving the Ministry of Finance in implementing digital policies and infrastructure. Independent evaluations are also proposed to adjust clinical management indicators and redesign specific Ex Ante evaluation strategies to improve planning and decision-making efficiency.

3. The adjustments emphasize the importance of aligning healthcare policies and optimizing infrastructure to ensure more equitable and efficient access to healthcare services. These actions aim to improve service quality and adequate coverage, aligned with the priorities set by health authorities.

4. In terms of prioritization, the analysis of the 36 recommendations identifies 13 as "High" priority, eight as "Medium," and two as "Low." Most recommendations remain relevant (22), while 14 have been updated. Prioritizing governance-related recommendations is crucial, as they are foundational to future healthcare system changes.

5. Recommendations prioritized by Health System Function² are primarily focused on governance, with 12 classified as "High" priority and four as "Medium," for a total of 16. In financing, two recommendations are classified as "Medium" priority, while in service delivery, one recommendation is "High" priority, and two are "Medium," bringing the total to 21 prioritized recommendations out of 36.

6. Regarding recommendations prioritized by Intermediate Objective,³ most focus on improving service efficiency, with 15 recommendations, of which 11 are "High" priority and 4 are "Medium." In access, three recommendations are identified, one of "High" priority and two of "Medium." Finally, for user experience and safety, there are two and one recommendations, respectively.

² When a recommendation is associated with more than one function, it is linked to the function considered as the primary one.

³ When a recommendation is associated with more than one intermediate objective, it is linked to the objective considered as the primary one.