

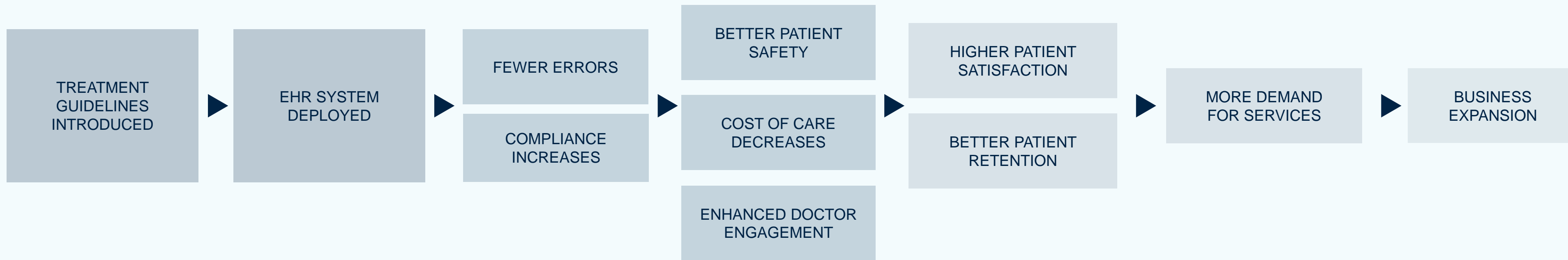
CLINICAS DEL AZUCAR, MEXICO

STAFF: 600 **CLINICS: 37** **SIZE: 250 m²**

Clinicas del Azucar, Mexico's largest diabetes and hypertension clinic network, identified numerous medication errors causing patient dissatisfaction, appointment cancellations, and treatment discontinuation. To address this, the hospital implemented medication guidelines and electronic health record (EHR) improvements, empowering doctors to improve patient care. The following data highlights the financial benefits of these changes.



THE BUSINESS CASE: TREATMENT GUIDELINES



MONTH 1

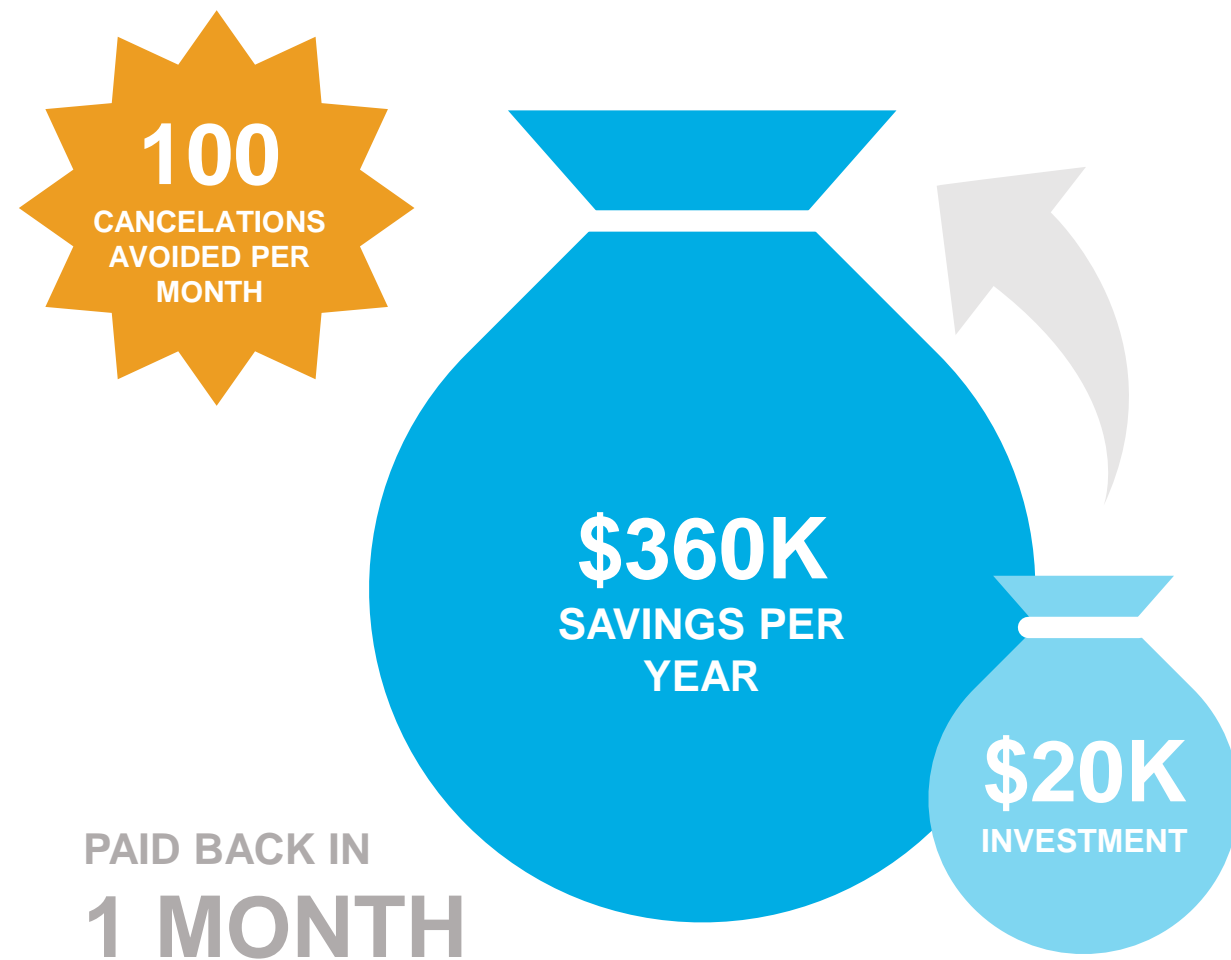
MONTH 2

MONTH 3

MONTH 4

COST OF PATIENT CANCELLATIONS

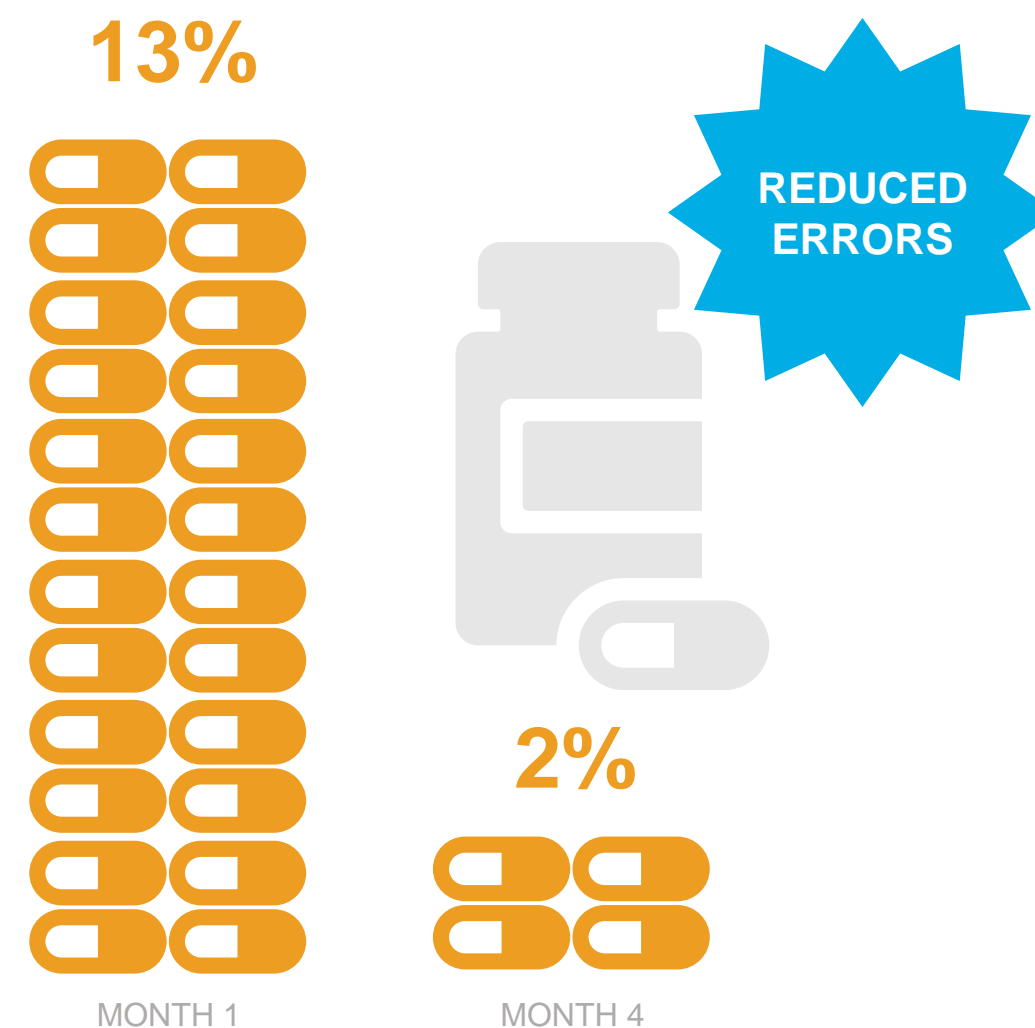
IN # OF CANCELLATIONS



Patients began canceling their annual diabetes care memberships, which adversely impacted patient access in addition to business results. Implementing software that used clinical guidelines for medication, significantly decreased cancellations.

ENHANCED COMPLIANCE

% PRESCRIBED MEDICATIONS OUTSIDE GUIDELINES



In the initial week of measurement, 13% of medication was outside the guidelines. After four months, this percentage was significantly reduced to 2%. This reduction in medication errors contributed to a noteworthy decrease in patient cancellations and complaints.

GROWTH IN NUMBER OF CLINICS

AFTER INTERVENTION



The software intervention was implemented when Azucar had just 15 clinics. Since then, it has continued to be an important quality control tool as new service areas have opened. Today, the EHR is used in Azucar's 37 clinics across Mexico.



Javier Lozano
CEO
CLINICAS DEL AZÚCAR

How implementing new medication protocols dramatically improved patient retention and created a reliable system for quality and patient safety.



The IFC Business Case for Healthcare Quality contest is sponsored by IFC's IQ-Healthcare program in partnership with the governments of Japan, Norway, and the Netherlands.



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DISRUPTING DIABETES CARE: AN ENTREPRENEUR'S ULTIMATE GOAL

In an interview with IFC, Javier Lozano, CEO of Clinicas del Azúcar, describes how gaps in his mother's diabetes treatment propelled him to disrupt the entire industry.

What problems did the clinics face?

We were losing patients; they were canceling their diabetes care memberships.

Why were they canceling?

Patients were having side effects. Others couldn't afford the care. The diabetes medication was also not tailored to their needs. We found that doctors would recommend the same prescription for everyone, especially for low-income patients.

We discovered a hiccup in the way diabetes patients are treated everywhere. Although doctors follow treatment guidelines, they prescribe based on averages. But people vary greatly. If you look at the ADA and global guidelines, they are generic and almost the same for every patient, whether married, single, divorced, male, female, 40, or 60 years old.

What was done to alleviate the situation?

We built an electronic system that used algorithms to open or close medications. Using a software platform provided protection and standardization. Following a standard is always safer because it excludes the human factor. We had concerns about the type of medication and the costs and whether doctors were being pressured by the industry to push a specific medication. Of course, the doctor had the flexibility to override recommendations and prescribe whatever they needed to.

Did doctors still have the final say?

We needed to continue to give the doctor the flexibility to choose what to prescribe. However, the system would say to this patient, "Only consider this list." So, when the doctor

prescribes something outside that list, the system automatically first says, "You are prescribing something outside the recommendation," and then asks why. The doctor needed to justify a different medication.

As you implemented the new medication guideline software, what happened?

It was very interesting. We could see what was happening in all the clinics at the same time. There was a lot of variation in treatment recommendations because doctors were often overriding the software's suggested prescriptions. Some doctors said the patient requested a medication they thought was better, but a few weeks later the patient would come back. Having not taken the medication, they were afraid to tell the doctor this happened because they couldn't afford it. The doctors complied with most of the guidelines but reducing this trend took a different approach. Doctors with high compliance scores were named mentors for other doctors. We implemented this a few years ago, and it has allowed us to quickly scale the number of clinics.

What other supports did you put in place?

We have a patient support center, which is a call center that reaches out to the patients on certain days to ask how they are feeling, whether the amount and cost of the medication are okay, and whether they understand the medication change correctly.

As a leader, do you have any tips for those implementing similar technology?

Build a culture of technology process improvement from the beginning. That is the only way to enable delivery at low cost to



“Build a culture of technology process improvement from the beginning.”

millions. Because we started from scratch, we were able to set the tone from early on. It is very important for the CEO to consistently convey the message. It is critical to define the strategy and the type of company you are creating, and have executive leadership agree on that.

Switching gears, on a personal note, what compelled you to disrupt the system?

I had spent years applying process improvements to chronic care around the world. The issue became very personal when it came to researching diabetes, a disease my mother battled for ten years. She was exhausted from going from doctor to doctor, multiple doctors who gave conflicting advice. She didn't want treatment anymore, even if she died. I was shocked. That was my aha moment.

I realized diabetes care was broken everywhere. I launched Clinicas del Azúcar to create highly efficient diabetes clinics so patients could receive seamless treatment. I applied all my years of experience with a mission: to transform care by creating standardized one-stop shops around the country.