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Dr David Kershenobich Stalnikowitz, director-general of the Salvador Zubirán National Institute of Medical Sciences and Nutrition (INCMNSZ) shares the many new initiatives the Institute has introduced in the past couple of years, the new focus on primary care provision in line with government priorities, and the ongoing construction of their new hospital facility, which will incorporate digital technology such as artificial intelligence (AI).

David, we last interviewed you in 2016. Could you share with us the main achievements of INCMNSZ in the past few years?

I would like to highlight a number of main achievements across the different areas in which the Institute operates.

On the clinical side, we have invested significantly in implementing different models of patient care [models of attention of patient care]. Most notably, we have restructured our emergency department into different areas to alleviate the anxiety of patients and their family members that come through our ER. This is significant because approximately 50 percent of the Institute's patients are admitted through the ER. There is a special waiting area for triage and consultations. There is a special section for patients requiring immediate cardiac attention/pulmonary reanimation. There is a section dedicated to patients in semi-critical conditions, where they need

immediate medical attention but cannot be seen by a specialist yet*. There is also a section where patients can remain for observation for 24 or 36 hours. We have also trained a number of hospital personnel – who are not doctors – to interact with patients and their families and attend to any of their concerns. We have also installed a CT scanner in the ER so that patients can receive X-ray examinations quickly without having to go to the radiology department. All of these measures have contributed to reducing the anxiety of patients and their family members while they wait for and receive care at the Institute.

On the research side, the core lab that we launched a couple of years ago is now fully functioning. We collaborate extensively with researchers in other institutes, including the Institute of Oncology (*Instituto Nacional de Cancerologia*), the Institute of Cardiology (*Instituto Nacional de Cardiología Ignacio Chávez*) and the Genomic Institute (*Instituto Nacional de Medicina Genómica*). Most recently, we have opened a new metabolic research unit. With the high prevalence of obesity, diabetes and other metabolic diseases in Mexico, this was a necessary initiative. In this research unit, we have special beds where patients can spend a couple of hours while participating in Phase I and II clinical studies. We also have an endothelial lab, an exercise research facility, a small operating room for the performing of biopsies, and a small metabolic kitchen. Our researchers here are working on areas like obesity, fatty liver disease, diabetes, muscular dystrophy, and so on. Finally, we have also established an Office of Intellectual Property to support the filing of patents by our researchers.

On the teaching side, we continue our work with regard to the advanced training of medical residents in a number of different specialties.

Could you highlight some particularly interesting research that has been done recently at the Institute?

The first is in the field of nutrigenomics. We have researchers here trying to identify genetic targets against which we can develop nutrigenomic interventions. They have already patented some compounds based on traditional Mexican food that have been found to interact with genes related to obesity and diabetes.

The second is in the development of biomarkers for the detection of early chronic renal damage, which can help us intervene and treat the disease earlier, as well as identify new targets for pharmaceutical interventions. Chronic renal failure is a significant problem in Mexico so this is an important area of research.

In light of the recent healthcare reforms, how does the work of the Institute align with the current priorities of the Mexican government?

A very important initiative we have been working on in the past few years is the development of primary care, which is one of the government's priorities. Previously, we already had some primary care initiatives such as influenza and Hepatitis B vaccines, but in the past few years, we have been introducing primary care initiatives across different departments within the Institute. For instance, within our integrated diabetes clinic, we have expanded our activities to now involve the families of our patients. The latest project, which we are still working on, is the development of a public restaurant through which we can organize several educational campaigns for the public. This focus on the development and subsequent promulgation of primary care initiatives and models has been a significant change within the Institute over the past few years.

At the same time, we still need to continue to develop specialty care, which is also one of the Institute's important functions. For instance, over the past few years, we have consolidated our liver transplant program. On average, we perform around 50 liver transplants a year and to date, we have done over 400 liver transplants. This also provides sufficient material for our students to learn not just about liver transplants but also the care of patients pre- and post-transplants.

Ultimately, even if a country has the best primary care system, patients would still require specialty care. Primary and specialty care need to be integrated within the overall healthcare system. It is also important to incorporate new advances in medicine. Medicine is global, and new developments occur globally. This is why we also invest in the teaching and training of young physicians. We have a very rigorous selection process when it comes to admitting our students.

Even as we continue to address the need for primary care within the country, we do not want to stop the adoption of innovation and best practices within specialty care. This is an interesting balance to strike within the healthcare system in Mexico.

From your perspective, how well would you say the different stakeholders within the Mexican healthcare ecosystem have worked together in the past few years?

I would answer this question the following way: the rules of interaction between different stakeholders and the government have changed as a result of changes to healthcare policy. There remains good communication between the different stakeholders but we have to adapt to the new

rules.

To highlight an example, today in Mexico, treatment for Hepatitis C is available to every Mexican individual free of charge. This is a significant advancement made possible through the support of the Mexican government and the pharmaceutical industry, with the ambition of eliminating Hepatitis C in Mexico by 2030 following the call of the World Health Organization. This was a good example of how the government and industry have worked well together in the past.

At the Institute, we focus on developing new innovative models of patient care and service that can act as a reference. However, developing the model is one thing. The other thing is the task of implementation, which is an entire subject in and of itself. There are now journals dedicated to implementation science. This is something we have to continue to work on in order to keep strengthening the healthcare system in Mexico.

Ultimately, attention should be directed to the wellness of the patient. This includes both medical care and preventative medicine, which significantly improve the quality of life of patients. Quality of services and quality of life are both concepts very important to a country like Mexico.

Looking forward, what are your priorities for the Institute for the next couple of years?

I have 2.5 years remaining in my term as the director general and I have two key objectives. The first is to complete the construction of a new facility. We will then move our old hospital into the new facility, and the current space will be dedicated to research. The second is to transform the new hospital into a ‘Smart Hospital’. Through the implementation of new digital technology like Artificial Intelligence, we hope that our new hospital would be able to capture and generate information and data, and subsequently, use that data to find new solutions and innovative models.

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