

El Plan de Salud de Mendoza recibió un reconocimiento internacional

05/04/2025



El **Plan Estratégico de Salud** implementado en **Mendoza** recibió un importante reconocimiento internacional por parte del **British Medical Journal (BMJ)**, una de las revistas científicas más prestigiosas del mundo.

La publicación destacó las “**reformas profundas**” en la **gestión, financiamiento y prestación de servicios** que implicó la implementación del plan, así como la **aprobación de 26 leyes fundamentales para viabilizar los cambios necesarios**.

La noticia fue difundida en las redes sociales por el propio gobernador de la provincia, **Alfredo Cornejo**, quien aseguró: “Este reconocimiento internacional reafirma que en Mendoza

estamos dando pasos concretos y valientes hacia un sistema de salud más justo, eficiente y sostenible”.

Además, sostuvo: “Nos alienta a seguir transformando la realidad sanitaria con decisiones basadas en evidencia, diálogo y una fuerte voluntad política”.

Asimismo, el ministro de Salud, **Rodolfo Montero**, quien consideró la propuesta como “un plan con fortaleza técnica para robustecer el sistema de salud”.

Reconocimiento internacional para Mendoza

La distinción valida el trabajo realizado en Mendoza para transformar el sistema de salud y avanzar hacia un modelo más justo, eficiente y sostenible.

Además, resalta la labor de grandes expertos que fueron parte del proceso en el manejo de enfermedades crónicas en Mendoza. Ellos son: Javier Roberti, Yanina Mazzaresi, Agustina Mazzone, Marina Guglielmino, Andrea Falaschi, Ezequiel García Elorrio.

“Esta reforma integral no solo busca optimizar la eficiencia y accesibilidad del sistema, sino que también plantea nuevos modelos de gobernanza y gestión basados en la sostenibilidad y la equidad”, señala el artículo del BMJ.

Aspectos destacados por el British Medical Journal

- Reformas profundas en la gestión, financiamiento y prestación de servicios.
- Aprobación de 26 leyes fundamentales para viabilizar los cambios.
- Optimización de la eficiencia y accesibilidad del

sistema.

- Nuevos modelos de gobernanza y gestión basados en la sostenibilidad y la equidad.

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Original research

BMJ Open Recommendations for strengthening primary healthcare delivery models for chronic disease management in Mendoza: a RAND/UCLA modified Delphi panel

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To cite: Roberti J, Mazzoni A, Guglielmino M, et al. Recommendations for strengthening primary healthcare delivery models for chronic disease management in Mendoza: a RAND/UCLA modified Delphi panel. *BMJ Open* 2025;15:e098074. doi:10.1136/bmjopen-2024-098074

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<https://doi.org/10.1136/bmjopen-2024-098074>).

Received 17 December 2024
Accepted 07 March 2025



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ABSTRACT

Background Primary healthcare (PHC) should be the cornerstone of equitable, efficient and high-quality healthcare in low- and middle-income countries. However, numerous challenges undermine its effectiveness in these settings.

Objective To identify recommendations to improve PHC by integrating user preferences and provider capacity to deliver patient-centred and competent care in the Mendoza Province, Argentina.

Design Modified RAND Corporation/University of California, Los Angeles (RAND/UCLA) Delphi method.

Setting Health system of the Province of Mendoza, Argentina.

Participants 32 public health experts from Mendoza.

Interventions Proposals were developed from secondary data, the People's Voice Survey, an electronic cohort of people with diabetes, qualitative studies of users' and professionals' experiences and reviews of interventions in primary care.

Primary outcome Experts had to evaluate proposals according to five criteria selected from the evidence to decision framework (impact, resource requirements, acceptability, feasibility and measurability).

Results The 19 final recommendations emphasise policy continuity, evidence-based policy-making and standardisation of healthcare processes. Key areas include optimising healthcare processes, managing appointments for non-communicable diseases and ensuring competency-based training in PHC. Implementing performance-based incentives and improving financial sustainability were also highlighted. Other recommendations focus on the Digital Transformation Act, user participation in healthcare design and skills development for active engagement. Collaborative definitions of quality care, incident reporting systems and performance metrics are critical to improving healthcare quality.

Conclusion This process provided decision-makers with contextualised information for health policy development. These interventions represent a step towards improving PHC, particularly chronic disease management, and provide a foundation for future regional research and health policy.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The use of the (RAND Corporation/University of California, Los Angeles (RAND/UCLA) modified Delphi method ensured a rigorous and transparent process.
- ⇒ The recommendations were based on comprehensive local data sources.
- ⇒ Including a broad range of experts from different levels and sectors enriched the process and enhanced applicability.
- ⇒ The Delphi method prioritises expert opinion, which may limit the incorporation of community needs.
- ⇒ The online rounds may have limited nuanced discussions.

INTRODUCTION

In low- and middle-income countries (LMICs), primary healthcare (PHC) should be the foundation of equitable, efficient and high-quality healthcare.^{1–3} However, many challenges hinder its effectiveness in such contexts.^{3–6} Fragmentation and segmentation within health systems, particularly in Latin America, exacerbate inequalities and impede access to essential services.⁷ The problem is worsened by the limited availability and poor quality of health services provided by public and social security-funded systems in LMICs.⁷ The private subsystem often serves, although inadequately, not only high-income but also middle- and low-income populations. Addressing these challenges will require concerted efforts to improve governance, enhance collaboration between subsystems and prioritise quality improvement initiatives.^{8,9}

PHC can potentially improve population health outcomes through early identification and intervention in the disease process and through a coordinated provision of care.¹

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Fuente: El Sol –
<https://www.elsol.com.ar/mendoza/el-plan-de-salud-de-mendoza-recibio-un-reconocimiento-internacional/>