

Chapter 4. Potential savings in administrative burdens in the Mexican Social Security Institute

This chapter addresses the potential savings in administrative burdens that the IMSS could achieve from further improving its procedures. The estimate is based on the targets established by each administrative co-ordination in consultation with the OECD. The targets include digitisation of procedures and an increase in population using those. Potential savings are shown on an aggregated basis in the IMSS, and by administrative co-ordination. Finally, an estimate of savings is provided in the case digital efforts and procedures were to increase.

The OECD finds in this report that the strategy to improve IMSS procedures has had positive effects on users, since it estimates that administrative burdens have decreased at least 25%. However, the benefits for IMSS users can be extended even more intensifying the use of the procedures digital modes and digitising those that are not yet available by this means.

Out of the 87 IMSS procedures analysed, 31 can be carried out through digital means, either online or through the mobile application (see Table 1.3). However, the use of these modes is proportionally low, amounting only to 19% of all requests handled by the IMSS (see Figure 2.2). What would be the additional savings in administrative burdens for users if the share of use of the procedures digital versions increases? Below are the calculations of potential savings derived from an increase in the number of digital procedures, and an increase in the use of the digital mode.

Potential total savings

The administrative burdens faced by citizens and entrepreneurs who use IMSS procedures could be reduced 11%, equivalent to MXN 1 519.9 million (see Figure 4.1), with a digitisation and dissemination strategy implemented by the IMSS that would involve the digitisation of 27 additional procedures —with which there would be a total of 58 procedures available in digital format— and with an increase in the use of these means by users from 19% to 25.8% (see Table 4.1).¹

Figure 4.1. Potential savings in administrative burdens in the Mexican Social Security Institute, MXN

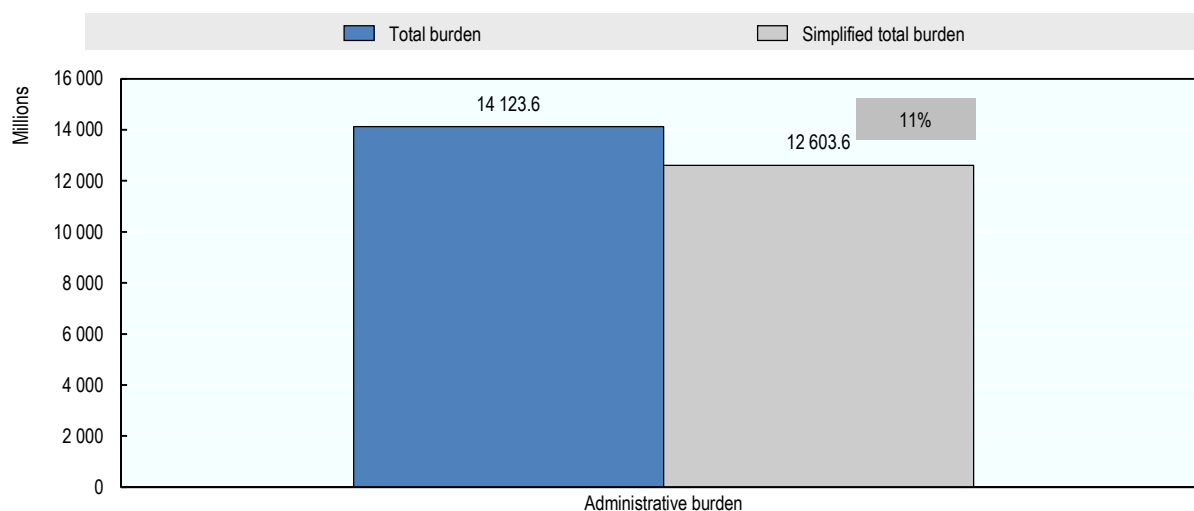


Table 4.1. Use of procedures submission modes at the IMSS: current situation and targets to achieve

Procedures' submission mode	Current %	Target to achieve	Change
In person	37.6%	31.8%	↓ 5.7%
Online	15.2%	19.8%	↑ 4.6%
Mobile application	1.6%	3.9%	↑ 2.2%
Telephone (<i>call center</i>)	2.2%	2.2%	No Change
In person re-scheduling	43.4%	43.4%	No Change
Digital means	19.0%	25.8%	↑ 6.7%

The target of implementing 27 additional digital procedures and of achieving the use of digital formalities in a given percentage – shown in Table 4.1 – was defined by the IMSS, in consultation with the OECD. The definition of these targets was based on balancing the foreseen availability of financial, material, and human resources at the IMSS to carry out the digitisation process and to undertake an effective campaign to disseminate digital procedures, on the profiles of IMSS procedures users and their potential to use their digital versions, and on realistic goals to be achieved within the next 2-4 years.

The following section includes detailed targets regarding the use of modes by procedure, as well as potential savings by administrative co-ordination and by procedure.

Potential savings per administrative unit

Comparison of savings between co-ordinations

Figure 4.2. Potential savings in administrative burdens per IMSS co-ordination, MXN

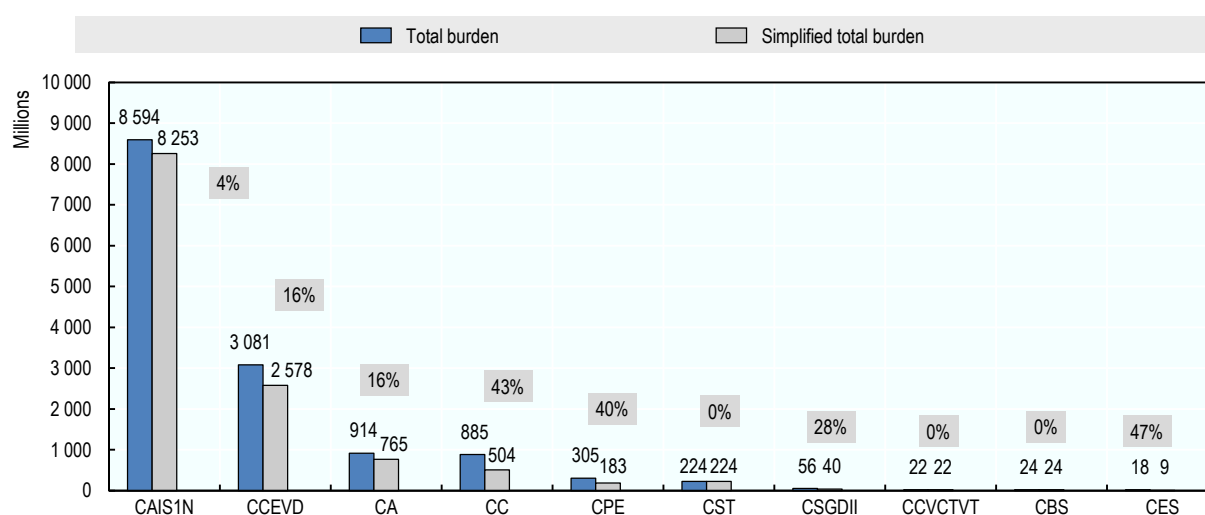


Figure 4.2 shows the potential savings in administrative burdens by co-ordination. Also, this subsection provides detailed information on the savings of each co-ordination. As seen, the CCEVD is the administrative area with the highest potential savings in nominal terms, decreasing from MXN 3 081.3 million to MXN 2 577.9 million. The co-ordination with the highest potential relative savings is the CES, which aims at a 47% reduction in its burdens derived from ambitious expectations regarding the use of its digital procedures: 100% in all of them, but one (more details below). The CST, the CCVUCT and the CBS expect no savings, since the digitisation of some of their procedures is not foreseen in the short term.

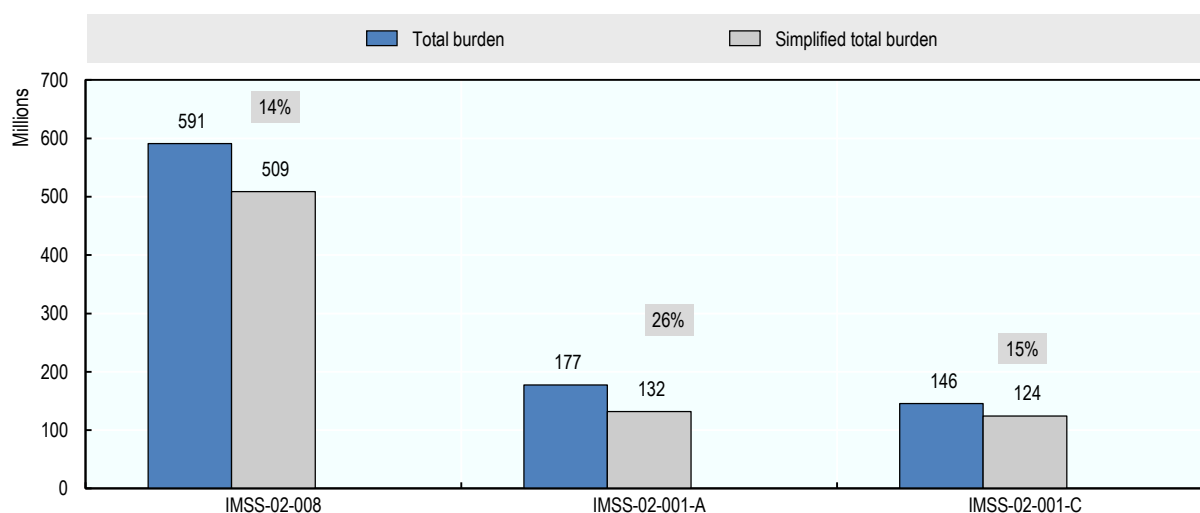
Co-ordination Affiliation

Table 4.2 and Figure 4.3 show the potential savings of the Co-ordination of Affiliation (CA). The CA has three procedures, which can be conducted in person and digitally. The Co-ordination plans to ensure an increase on the use of its three procedures digital versions, which will result in a total 16% reduction of its administrative burden.

Table 4.2. Potential savings in the IMSS Co-ordination of Affiliation (CA) administrative procedures burden

Code	Population by current procedure mode				Population target by procedure mode				Total Administrative Burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-02-001-A	50%	50%	-	-	34%	66%	-	-	177 425 693.3	131 872 851.6	26%
IMSS-02-001-C	79%	21%	-	-	66%	34%	-	-	145 556 626.4	123 987 334.0	15%
IMSS-02-008	13%	84%	3%	-	11%	85%	4%	-	590 970 344.7	508 910 672.1	14%
Total									913 952 664.4	764 770 857.8	16%

Note: Procedure submission modes: P: In person, I: Online; A: Mobile application, T: Telephone.

Figure 4.3. Potential savings in the IMSS Co-ordination of Affiliation (CA) administrative burden, MXN

Co-ordination of Comprehensive Health Care at the First Level (CAISPN)

Table 4.3 and Figure 4.4 show the results of the estimation of potential savings in the CAISPN administrative burden. This co-ordination is in charge of the formality with the highest total burden: IMSS-03-011 Medical Care in Family Medicine Units (FMU), which can be carried out online and in person. The CAISPN has set as a target a 4% reduction of this procedure burden, since it foresees very modest increases in the use of digital options. Additionally, the Co-ordination does not foresee the digitisation of the IMSS-03-020 Request for issuance of a death certificate during the next two years.

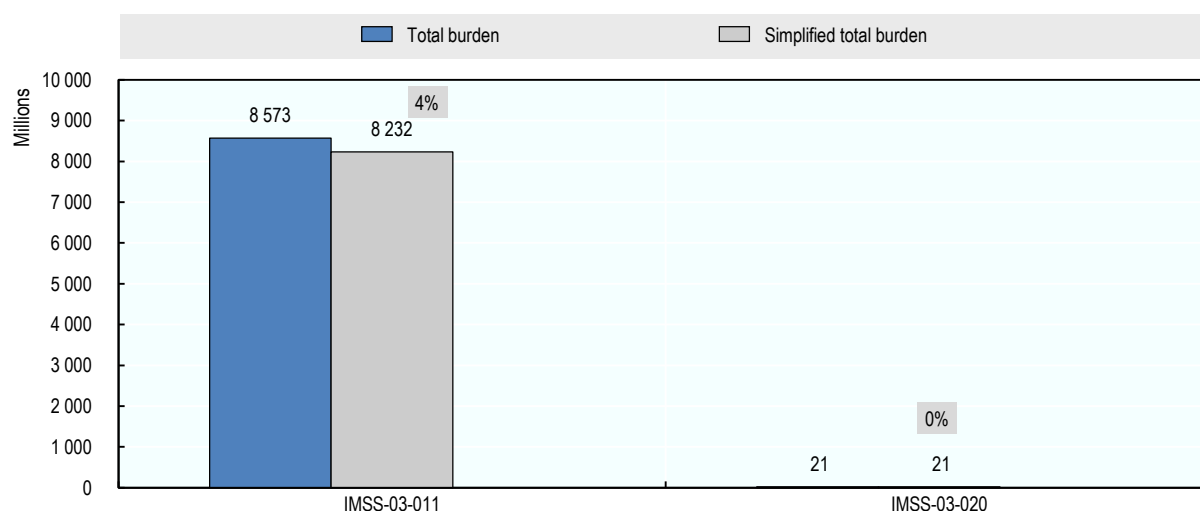
Table 4.3. Potential savings in the IMSS Co-ordination of Comprehensive Health Care at the First Level (CAISPN) administrative procedures burden

Code	Population by current procedure mode					Population target by procedure mode					Total administrative burdens (MXN)		Potential savings
	P	I	A	T	R	P	I	A	T	R	Current situation	Burden less savings	
IMSS-03-011	32%	0.30%	2%	3%	62%	30%	1%	5%	3%	61%	8 572 778 511.6	8 231 631 585.3	4%
IMSS-03-014	S/I	-	-	-	-	-	-	-	-	-	S/I	S/I	-

Code	Population by current procedure mode					Population target by procedure mode					Total administrative burdens (MXN)		Potential savings
	P	I	A	T	R	P	I	A	T	R	Current situation	Burden less savings	
IMSS-03-019	S/I	-	-	-	-	-	-	-	-	-	S/I	S/I	-
IMSS-03-020	100%	-	-	-	-	100%	-	-	-	-	21 390 185.2	21 390 185.2	0%
Total											8 594 168 696.8	8 253 021 770.5	4%

Notes: P: Procedures' submission mode de forma In person, I: Online, A: Mobile application, T: Telephone, R: Re-agenda In person.

Figure 4.4. Potential savings in the IMSS Co-ordination of Comprehensive Health Care at the First Level (CAISP) administrative burden, MXN



Co-ordination of Companies Classification and Validity of Rights (CCEVD)

Table 4.4 shows the estimation of potential savings in the CCEVD procedures. This co-ordination anticipates generating savings of 16% in its administrative burden. The CCEVD aims at increasing the use of the online version of all its procedures and plans to digitise two procedures, IMSS-02-025-B and IMSS-02-025-C.

Table 4.4. Potential savings in the IMSS Co-ordination of Companies Classification and Validity of Rights (CCEVD) administrative procedures burden

Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
Constancia de Desempleo*	-	-	-	-	-	-	-	-	-	-	-
IMSS-02-019-A*	-	-	-	-	-	-	-	-	-	-	-
IMSS-02-019-B*	-	-	-	-	-	-	-	-	-	-	-
IMSS-02-020-B	55%	45%	-	-	37%	63%	-	-	1 389 798 483.8	950 388 222.1	32%
IMSS-02-025-A	0%	100%	-	-	0%	100%	-	-	17 209 613.7	17 209 613.7	0%
IMSS-02-025-B	100%	-	-	-	29%	71%	-	-	266 381.5	176 829.9	34%
IMSS-02-025-C	100%	-	-	-	67%	33%	-	-	13 288 154.6	11 211 856.9	16%

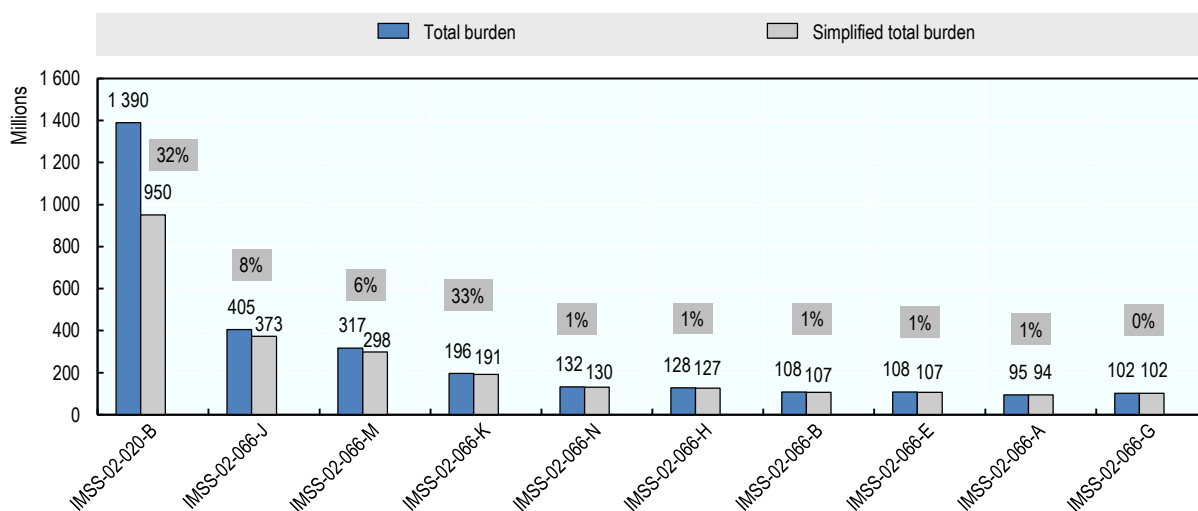
IMSS-02-066-A	99.6%	0.4%	-	-	99%	1%	-	-	94 589 081.6	94 013 672.1	1%
IMSS-02-066-B	98%	2%	-	-	97%	3%	-	-	108 224 424.0	107 132 690.1	1%
IMSS-02-066-C	99.6%	0.4%	-	-	99%	1%	-	-	8 158 864.2	8 114 255.8	1%
IMSS-02-066-D	99.6%	0.4%	-	-	99%	1%	-	-	49 582 303.1	49 289 828.3	1%
IMSS-02-066-E	98%	2%	-	-	97%	3%	-	-	108 224 424.0	107 132 690.1	1%
IMSS-02-066-F	99.6%	0.4%	-	-	99%	1%	-	-	5 598 098.3	5 566 556.7	1%
IMSS-02-066-G	99.2%	0.8%	-	-	99%	1%	-	-	102 187 722.5	101 961 833.7	0%
IMSS-02-066-H	98%	2%	-	-	97%	3%	-	-	127 842 257.8	126 553 181.4	1%
IMSS-02-066-I	99.5%	0.5%	-	-	99%	1%	-	-	4 540 422.1	4 520 438.0	0%
IMSS-02-066-J	99.4%	0.6%	-	-	91%	9%	-	-	404 622 069.7	372 591 342.6	8%
IMSS-02-066-K	98.7%	1.3%	-	-	96%	4%	-	-	196 386 085.7	191 313 130.5	3%
IMSS-02-066-L	99.9%	0.1%	-	-	99%	1%	-	-	1 397 809.4	1 386 385.8	1%
IMSS-02-066-M	79%	21%	-	-	74%	26%	-	-	316 833 389.9	298 149 843.9	6%
IMSS-02-066-N	98%	2%	-	-	97%	3%	-	-	131 726 350.6	130 404 093.8	1%
IMSS-02-066-O	99.8%	0.2%	-	-	99%	1%	-	-	866 061.6	859 235.8	1%
Total									3 081 341 998.0	2 577 975 701.2	16%

Note: Procedure submission modes: P: In person, I: Online, A: Mobile application, T: Telephone.

* Procedure eliminated in 2016.

Figure 4.5 includes the ten CCEVD procedures with the highest administrative burden. The IMSS-02-020-B procedure stands out, with potential savings from increased use of the digital mode equivalent to 87% of the Co-ordination's total savings (MXN 439 million); this highlights the importance of developing digital channels to reduce administrative burdens.

Figure 4.5. Potential savings in the IMSS Co-ordination of Companies Classification and Validity of Rights (CCEVD) administrative burden, MXN



Co-ordination of Collection

Table 4.5 shows the Co-ordination of Collection potential savings. The CC expects a 43% decrease in its procedures administrative burden. This decrease would be achieved by increasing the use of the online version of the Referenced Payment System (SIPARE).

The CC is one of the IMSS administrative areas with the most used digital procedures. Currently, two of its procedures, Opinión 32D and IMSS-02-096, are exclusively carried out online. With regards to these two procedures, the next step for the IMSS to continue reducing burdens could include a new review of the procedures requirements to identify those that could be eliminated, and evaluate the convenience of improving the use of ordinary citizen's language.

Table 4.5. Potential savings in the IMSS Co-ordination of Collection (CC) administrative procedures burden

Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-02-096	0%	100%	-	-	0%	100%	-	-	652 571.5	652 571.5	0%
Opinión 32D	-	100%	-	-	-	100%	-	-	7 894 538.6	7 894 538.6	0%
SIPARE	70%	30%	-	-	30%	70%	-	-	876 005 704.0	495 463 138.7	43%
Total									884 552 814.1	504 010 248.9	43%

Note: Procedure submission modes: P: In person, I: Online; A: Mobile application, T: Telephone.

Co-ordination of Health Education (CES)

The Co-ordination of Health Education is the IMSS administrative area with the highest potential to reduce its administrative burden in percentage terms: 47% (see Table 4.6). This reduction would be achieved by digitising all procedures operated by the Co-ordination, except one – 12 new digitised procedures in total – and reaching full use of these new digital procedures.

Table 4.6. Potential savings in the IMSS Co-ordination of Health Education (CES) administrative procedures burden

Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-03-001*	-	-	-	-	-	-	-	-	-	-	-
IMSS-03-002-A	100%	-	-	-	0%	100%	-	-	14 185 314.2	7 468 706.5	47%
IMSS-03-002-B	100%	-	-	-	0%	100%	-	-	242 973.5	127 927.9	47%
IMSS-03-002-C	100%	-	-	-	0%	100%	-	-	2 272 946.7	1 196 728.6	47%
IMSS-03-003-A	100%	-	-	-	0%	100%	-	-	31 901.0	16 796.2	47%
IMSS-03-003-B	100%	-	-	-	0%	100%	-	-	22 442.8	11 816.3	47%
IMSS-03-004*	-	-	-	-	-	-	-	-	-	-	-
IMSS-03-005-A	100%	-	-	-	0%	100%	-	-	213 613.3	112 469.5	47%
IMSS-03-005-B	100%	-	-	-	0%	100%	-	-	14 584.5	7 678.9	47%
IMSS-03-005-C	100%	-	-	-	0%	100%	-	-	32 953.2	17 350.2	47%
IMSS-03-006	100%	-	-	-	100%	-	-	-	57 157.0	57 157.0	0%
IMSS-03-007-A	100%	-	-	-	0%	100%	-	-	337 182.1	177 529.7	47%
IMSS-03-007-B	100%	-	-	-	0%	100%	-	-	7 399.0	3 895.6	47%
IMSS-03-007-C	100%	-	-	-	0%	100%	-	-	197 632.7	104 055.5	47%
IMSS-03-007-D	100%	-	-	-	0%	100%	-	-	44 393.9	23 373.8	47%
Total									17 660 493.9	9 325 485.8	47%

Note: Procedure submission modes: P: In person, I: Online; A: Mobile application, T: Telephone.

* Procedure eliminated in 2017.

Figure 4.6. Potential savings in the IMSS Co-ordination of Health Education (CES) administrative burden, MXN

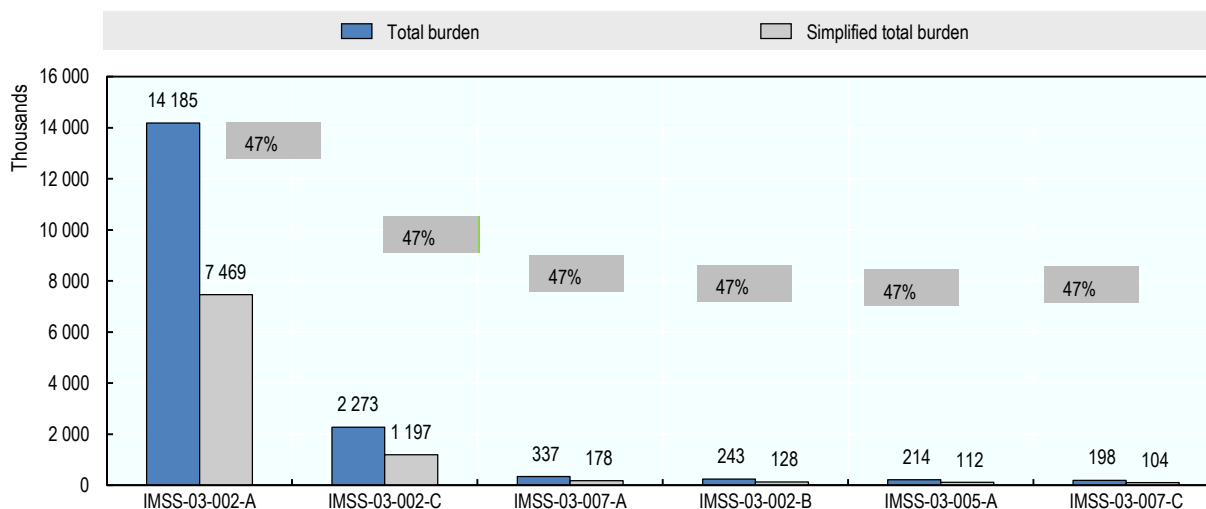


Figure 4.6 clearly shows that the procedure with the highest administrative burden in the unit is IMSS-03-002-A *Request for Mexican physicians to join the Mexican Social Security Institute as interns Mode A) Candidates external to the IMSS for direct entry specialties*, with a current burden of MXN 14.1 million. The potential savings of this procedure accounts for 80% of the Co-ordination's total savings.

Co-ordination of Economic Benefits (CPE)

The Co-ordination of Economic Benefits has a 40% potential savings of its administrative burden (see Table 4.7). These savings can be achieved implementing three actions:

- Digitising 13 procedures, shown in Table 4.7 as those that increase its online use target from zero to a positive figure.
- Ensuring that 25%-80% of its users use the procedures online version.
- Eliminating the IMSS-01-009 procedure (an action already planned by the (CPE)).

Table 4.7. Potential savings in the IMSS Co-ordination of Economic Benefits (CPE) administrative procedures burden

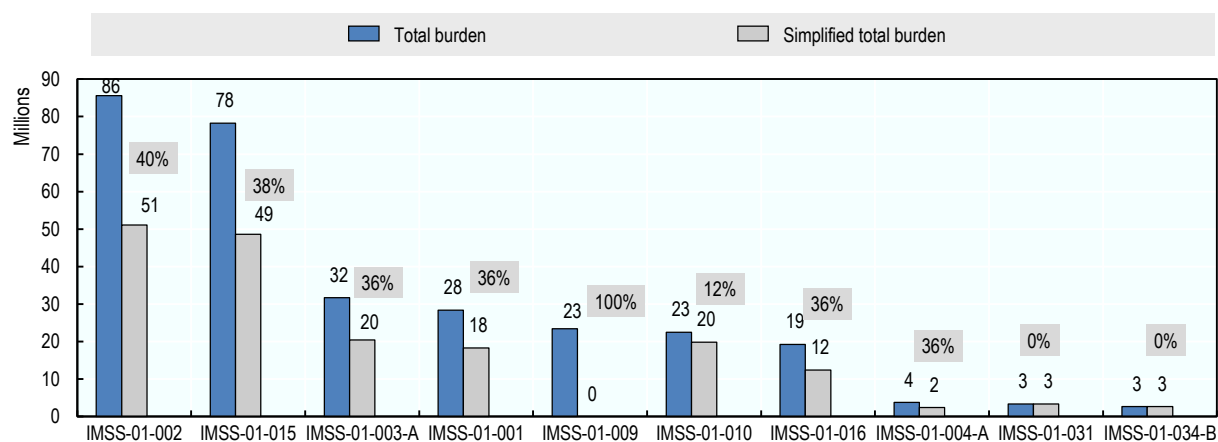
Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-01-001	100%	-	-	-	25%	70%	-	5%	28 392 261.5	18 309 667.6	36%
IMSS-01-002	100%	-	-	-	15%	80%	-	5%	85 558 273.4	51 123 917.6	40%
IMSS-01-003-A	100%	-	-	-	25%	70%	-	5%	31 674 069.5	20 426 047.6	36%
IMSS-01-003-B	100%	-	-	-	25%	70%	-	5%	1 664 792.1	1 073 595.0	36%
IMSS-01-004-A	100%	-	-	-	25%	70%	-	5%	3 801 913.7	2 451 787.0	36%
IMSS-01-004-B	100%	-	-	-	25%	70%	-	5%	1 464 427.8	944 383.6	36%
IMSS-01-004-C	100%	-	-	-	25%	70%	-	5%	512 991.7	330 819.3	36%
IMSS-01-005	100%	-	-	-	25%	70%	-	5%	2 288 573.5	1 475 860.6	36%
IMSS-01-009	100%	-	-	-	0	0	0	0	23 407 970.9	0	100%

Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-01-010	100%	-	-	-	75%	25%	-	-	22 521 390.8	19 855 476.1	12%
IMSS-01-015	100%	-	-	-	20%	80%	-	-	78 263 370.3	48 617 817.1	38%
IMSS-01-016	100%	-	-	-	25%	70%	-	5%	19 257 879.7	12 419 066.2	36%
IMSS-01-018	100%	-	-	-	15%	80%	-	5%	38 555.2	23 038.0	40%
IMSS-01-020	100%	-	-	-	100%	-	-	-	7 356.6	7 356.6	0%
IMSS-01-022	100%	-	-	-	15%	80%	-	5%	2 112.6	1 262.4	40%
IMSS-01-029-A	100%	-	-	-	100%	-	-	-	259 765.9	259 765.9	0%
IMSS-01-029-B	S/I	-	-	-	100%	-	-	-	S/I	S/I	-
IMSS-01-031	100%	-	-	-	100%	-	-	-	3 377 069.1	3 377 069.1	0%
IMSS-01-034-A	100%	-	-	-	100%	-	-	-	52 244.1	52 244.1	0%
IMSS-01-034-B	100%	-	-	-	100%	-	-	-	2 688 357.6	2 688 357.6	0%
Total									305 233 376.0	183 437 531.3	40%

Note: Procedure submission modes: P: In person, I: Online; A: Mobile application, T: Telephone.

Figure 4.7 includes the CPE 10 procedures with the highest burden. It highlights that the five CPE procedures with the highest administrative burden generate 89% of potential savings, which suggests that the Co-ordination improvement efforts must focus on these procedures.

Figure 4.7. Potential savings in the IMSS Co-ordination of Economic Benefits (CPE) administrative burden, MXN



Co-ordination of Day-care Services for Comprehensive Children Development (CSGDII)

All the Co-ordination of Day-care Services for Comprehensive Children Development (CSGDII) procedures are available in the IMSS digital platform. Table 4.8 shows that the CSGDII expects to generate a 28% savings in administrative burdens for its procedures users. The target requires that 80% of the requests are performed using digital options.

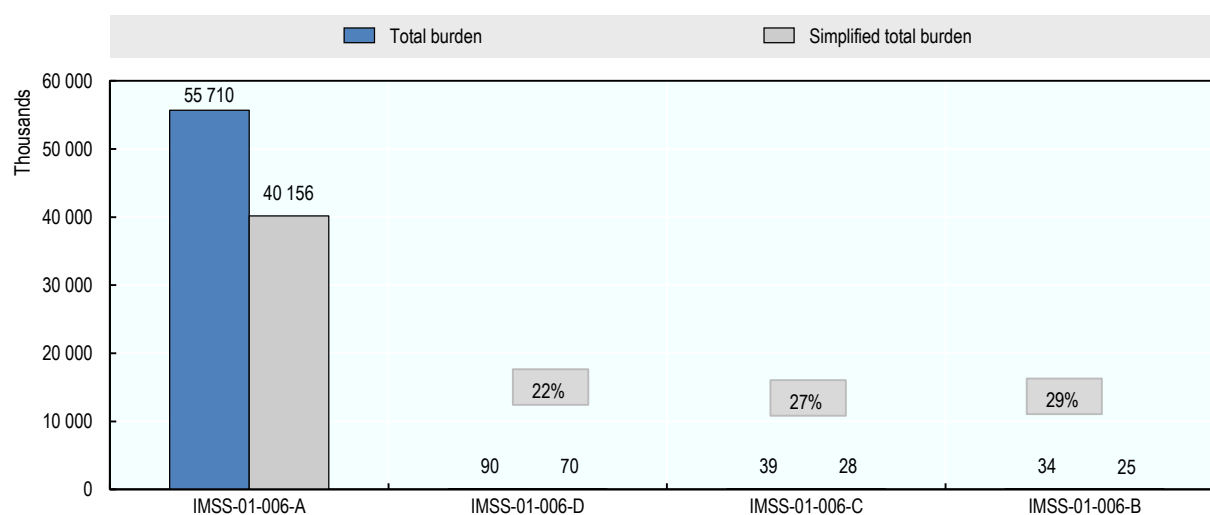
Table 4.8. Potential savings in the IMSS Co-ordination of Day-care Services for Comprehensive Children Development (CSGDII) administrative procedures burden

Code	Population by current procedure mode				Population target by procedure mode				Total administrative burdens (MXN)		Potential savings
	P	I	A	T	P	I	A	T	Current situation	Burden less savings	
IMSS-01-006-A	50%	50%	-	-	20%	80%	-	-	55 710 143.5	40 156 191.8	28%
IMSS-01-006-B	53%	47%	-	-	20%	80%	-	-	34 497.3	24 646.2	29%
IMSS-01-006-C	47%	53%	-	-	20%	80%	-	-	39 145.0	28 424.1	27%
IMSS-01-006-D	27%	73%	-	-	20%	80%	-	-	90 111.3	69 980.8	22%
Total									55 873 897.1	40 279 242.9	28%

Note: Procedure submission modes: P: In person, I: Online; A: Mobile application, T: Telephone.

Figure 4.8 shows that the CSGDII procedure with the highest administrative burden is IMSS-01-006-A, *Request for registration in an IMSS day-care centre Mode A) of the worker registered at the IMSS under the mandatory regime*. Fulfilling the target increase in the use of this procedure online mode is equivalent to 99.7% of the potential savings of the Co-ordination.

During the information gathering process, the procedures users offered remarks and suggestions to improve them. The rights-holders emphasised that they must repeatedly visit the day-care centres. In order to improve the IMSS service by reducing the number of visits and the time day-care users spend waiting, the digital platform should allow the infants' tutors or parents to upload their documents online, instead of having to physically deliver them at the day-care centre. In addition, it is worth mentioning that once a physician evaluates the children the results of the examination must be delivered at the centre. This step could be simplified by establishing a communication channel between the FMUs physicians and the day-care centres, and would reduce the number of times parents have to personally visit the Institute's facilities.

Figure 4.8. Potential savings in the IMSS Co-ordination of Day-care Services for Comprehensive Children Development (CSGDII) administrative burden, MXN

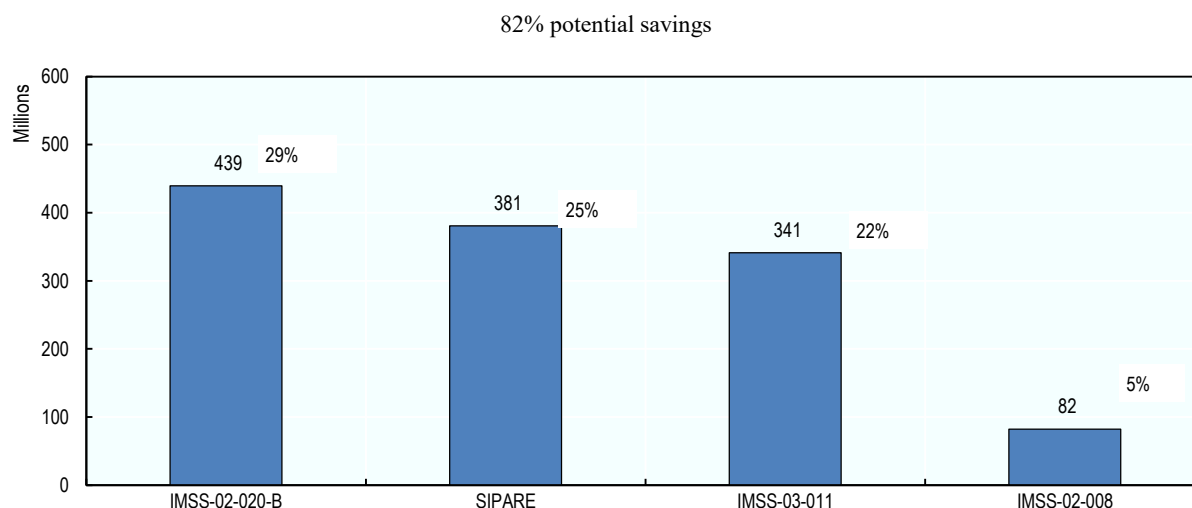
Co-ordinations with no procedures digitisation foreseen in the short term

Three IMSS co-ordinations have no plans to digitise their procedures in the forthcoming years. These areas are the Co-ordination of Occupational Health (CST), the Co-ordination of Vacation Facilities, Funeral Homes, Conventions Unit and Stores (CCVVUCT) and the Co-ordination of Social Welfare (CBS). Currently, all these Co-ordinations procedures are carried out in person and together account for 2% of the total IMSS administrative burden. In some cases, the move towards digitisation will require to resolve the need for the rights-holder's presence at the IMSS offices for the disability pension procedure.

Procedures with the highest potential savings

Figure 4.9 shows the four procedures with the highest savings in absolute terms and that together contribute 82% of the IMSS potential savings. The CCEVD IMSS-02-020-B procedure accounts for the highest savings, 29% of potential savings. Regarding this procedure, the CCEVD aims to increase the use of its digital mode from 45% of the current population to 63%. The second procedure with more potential savings is the SIPARE, with 25% of potential savings. The CC anticipates increasing the use of the procedure's digital version from the current 30% of the population to 70%. It also highlights the IMSS-03-011 procedure that would achieve savings amounting to 22% of total savings. The CAISPN aims at increasing the use of the online and mobile application modes, currently of 0.3% and 2%, to 1% and 5%, respectively. Finally, the IMSS-02-008 procedure would contribute to 5% of total savings. To achieve these savings, the CA expects to increase the use of the online and mobile application modes, currently of 84% and 3% of the user population, to 85% and 4%, respectively. The prioritisation of the IMSS's efforts to achieve potential savings should include increasing these procedures digital use.

Figure 4.9. IMSS procedures with the highest potential savings



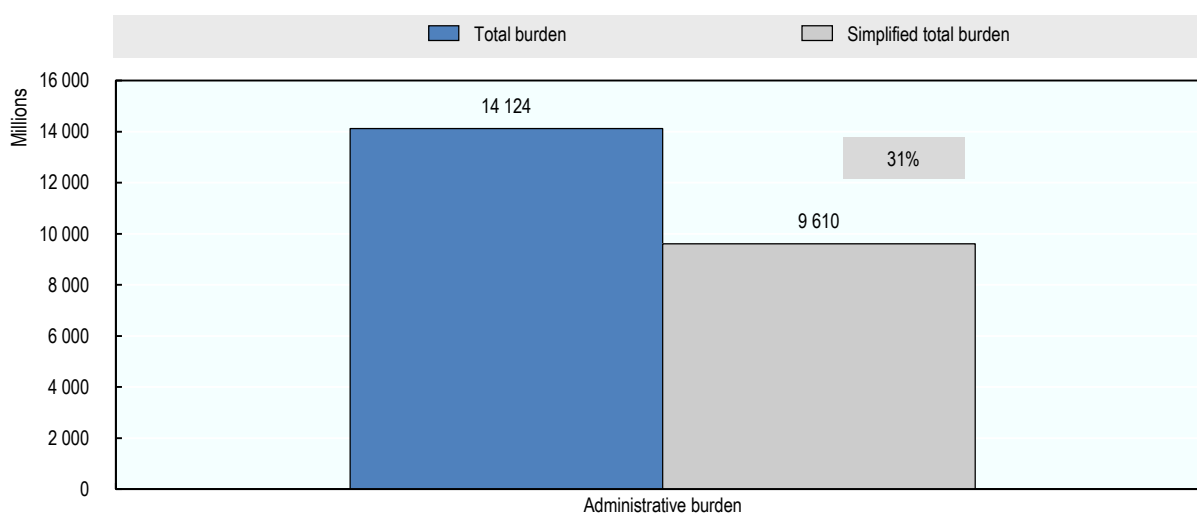
Wide-ranging simulation

This subsection includes a simulation exercise to estimate the savings in administrative burdens that could be achieved by implementing a broader procedures digitisation strategy and promoting their use. The assumptions under which this wide-ranging simulation is carried out are the following:

- **The 84 procedures included in this report are available in digital versions.** This requires that in addition to the 31 procedures already available in digital mode, and the 27 procedures that the IMSS plans to digitise within the next two years, the remaining 26 will be digitised.
- **At least 66% of users use the procedures digital options.**² This action would entail actions to promote the use of digital modes to ensure that:
 - Regarding the 31 current digital procedures whose user population is lower than 66%, their use increases to reach this level.
 - Regarding the 31 current digital procedures whose user population is higher than 66%, this level is maintained.
 - Regarding the 27 procedures that the IMSS plans to digitise, at least 66% of the users use them, or the target population of users of digital procedures is reached, provided that the target is equal to or higher than this level.
 - Regarding the 26 remaining procedures that need to be digitised, at least 66% of users use them.
 - Regarding the IMSS-03-011 procedure, it is established that the target of 66% use of the digital mode only applies for obtaining new medical appointments, and that the re-schedule calendar will continue to be handled in person.

Figure 4.10 shows the results of the wide-ranging simulation. Under this scenario, the estimated total simplified burden would be MXN 9,610 million, which means a 32% savings for the benefit of IMSS procedures users.

Figure 4.10. Wide-ranging simulation of IMSS procedures improvement, MXN



This simulation is considered as wide-ranging because its achievement requires intense efforts that would demand using significant financial, material and human resources, as well as a longer period of time that would certainly exceed five years. Special attention should be given to the IMSS-03-011 procedure *Medical Care in Family Medicine Units*, which in 2017 had 125 million requests; only 0.3% of which were submitted online, 2% through the mobile application and 3% by telephone. Although each procedure would provide savings in the wide-ranging simulation, the savings generated by this procedure would account for 49% of total savings. Therefore, the challenge is huge.

Notwithstanding, there are some signs that suggest that the target is affordable:

- As shown in Chapter 3, the IMSS has already generated savings of 25-40% of burdens to its procedures users, so an additional 31% target would be consistent with the culture of improvement already established in the Institute.
- The percentage of use of digital versions targets set out by the CPE and the CES for the next two or three years are 70%-100%, which exceeds the 66% threshold. These ambitious goals can inspire other co-ordinations to achieve the 66% threshold.

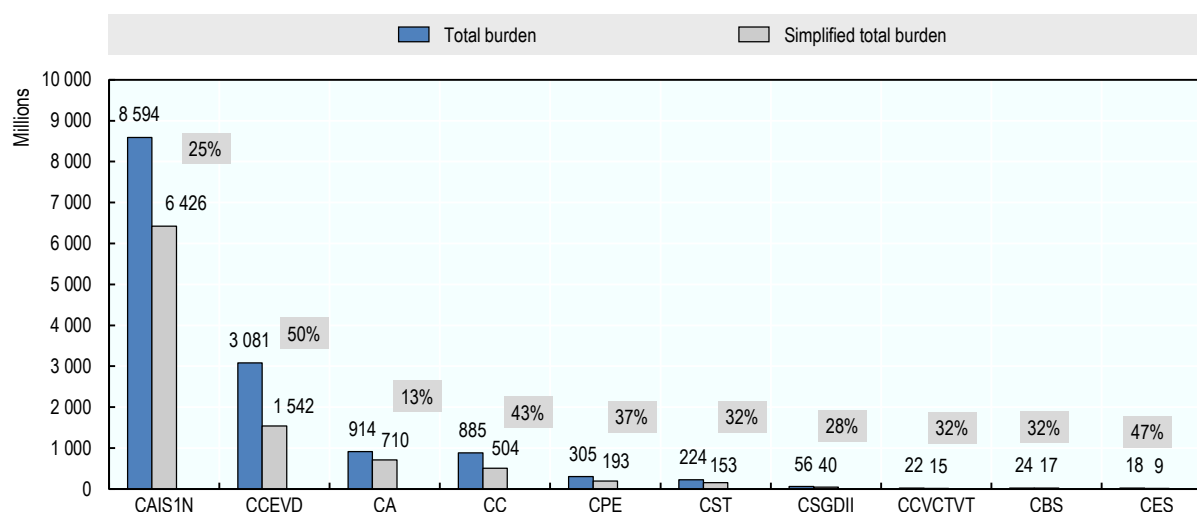
Table 4.9 and Figure 4.11 show the savings by co-ordination derived from carrying out the wide-ranging simulation.

Table 4.9. Savings by co-ordination in the wide-ranging simulation, MXN

Co-ordination	Current administrative burden	Simplified administrative burden	Ahorro Nominal savings	Percentage savings
Co-ordination of Comprehensive Health Care at the First Level (CAISPN)	8 594 168 697	6 425 887 095	2 168 281 602	25%
Co-ordination of Companies Classification and Validity of Rights (CCEVD)	3 081 341 998	1 542 486 915	1 538 855 083	50%
Coordinación de Afiliación	913 952 664	710 281 692	203 670 972	22%
Co-ordination of Collection	884 552 814	504 010 249	380 542 565	43%
Co-ordination of Economic Benefits	305 233 376	192 956 537	112 276 839	37%
Co-ordination of Occupational Health	224 112 120	153 191 560	70 920 560	32%
Co-ordination of Day-care Services for Comprehensive Child Development	55 873 897	40 279 243	15 594 654	28%
Co-ordination of Vacation Facilities, Funeral Homes, Conventions Unit and Stores	22 317 561	15 255 141	7 062 420	32%
Co-ordination of Social Welfare	24 370 563	16 658 468	7 712 095	32%
Co-ordination of Health Education	17 660 494	9 307 398	8 353 095	47%
Total	14 123 584 185	9 610 314 299	4 513 269 886	32%

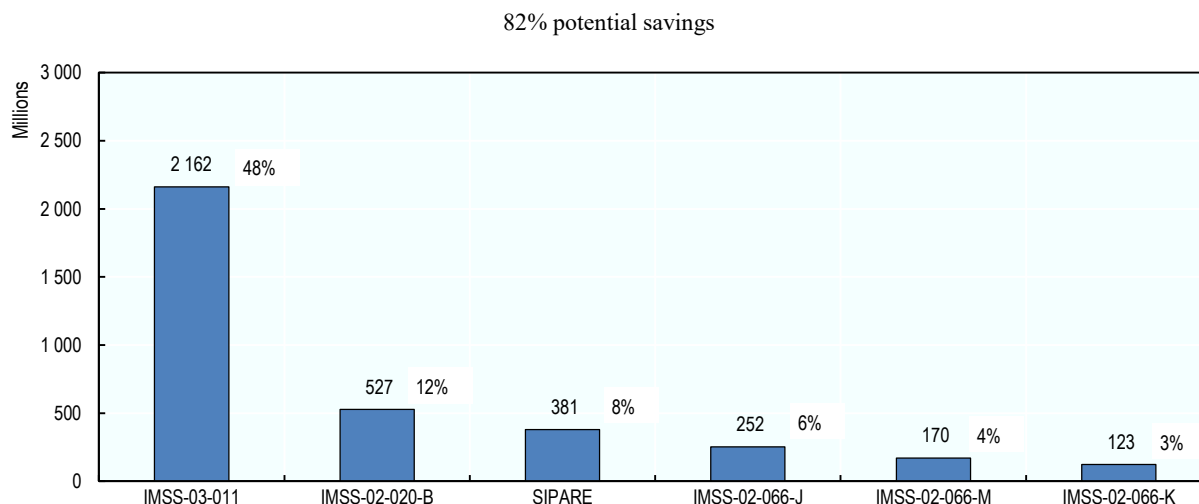
Note: Numbers may vary due to rounding.

Figure 4.11. Savings by co-ordination in the wide-ranging simulation, MXN



Finally, Figure 4.12 shows the six procedures with the highest savings in nominal terms in the wide-ranging simulation, which together contribute 82% of total savings.

Figure 4.12. Procedures with the highest savings potential in the wide-ranging simulation



Summary of the key messages in this chapter

- Administrative burdens have decreased at least 25% due to the improvement in IMSS procedures. However, the benefits can be extended even more intensifying the use of the procedures digital modes and digitising those that are not yet available by this means.
- The administrative burdens faced by citizens and entrepreneurs who use IMSS procedures could be reduced 11% with a digitisation and dissemination strategy that would involve the digitisation of 27 additional procedures —with which there would be a total of 58 procedures available in digital format— and with an increase in the use of these means by users from 19% to 25.8%.
- The targets of implementing 27 additional digital procedures and of achieving the digital procedures use targets were defined by the IMSS, in consultation with the OECD. The definition of these targets was based on balancing the foreseen availability of resources to carry out these actions, on the profiles of IMSS procedures users and their potential to use their digital versions, and on realistic goals to be achieved within the next 2 to 4 years.
- The CCEVD is the administrative area with the highest potential savings in nominal terms, decreasing from MXN 3 081.3 million to MXN 2 577.9 million. The coordination with the highest potential relative savings is the CES, which aims at a 47% reduction in its burdens derived from ambitious expectations regarding the use of its digital procedures: 100% in all of them, but one.
- The four procedures with the highest savings in absolute terms and that together contribute 82% of the IMSS potential savings are the IMSS-02-020-B, the IMSS-03-011 and the IMSS-02-008. These procedures also have the highest administrative burdens, and this reinforces the recommendation to include in the

prioritisation of the IMSS's efforts to achieve potential savings increasing these procedures digital use.

- A wide-ranging simulation shows that the IMSS could reduce administrative burdens by up to 32%. To achieve these savings it would be required that the 84 procedures included in this report are available in digital versions, and that at least 66% of users use the procedure digital options.
- This simulation is considered as wide-ranging because its achievement requires intense efforts that would demand using significant resources, as well as a period of time that would certainly exceed five years.

Notes

¹ Potential savings were obtained as follows: i) Estimating the unitary load of the procedures new digital modes, that is the result of reducing the unitary burden of the corresponding in person procedure by a factor equivalent to the difference between the average unitary burden of the in person procedure and the unitary burden of the digital procedure in the Co-ordination; if the Co-ordination does not have digital procedures for comparison purposes, general IMSS averages were used; and ii) Multiplying this unitary burden modified by the target population in the use of digital procedures (see details on these targets in the next section). Potential savings only include 79 of the 84 procedures analysed, since five procedures were eliminated in 2016.

² The 66% proportion was determined through an analysis of the scope and use of electronic devices and digital channels in Mexico. According to the ENIGH 2016, 92% of the households with at least one person registered in the IMSS have a cell phone and 42% of them own a computer with internet access.

Reference

SCM Network (n.d.), “International Standard Cost Model Manual, Measuring and reducing the administrative burdens for businesses”, Standard Cost Model Network, <http://www.oecd.org/gov/regulatory-policy/34227698.pdf>.



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