Access to Specialty Care in Rural El Salvador

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1Children's Hospital Boston, Brigham and Women's Hospital,2University of Massachusetts Medical School,3Harvard Medical School

Abstract

Background

Although outpatient primary care sub- systems existed in El Salvador, a village in Morazán, northeast El Salvador, community specialty care and diagnostic services were extremely limited. While specialty care is available in the public and non-profit public sectors, basic curative and chronic care are often disrupted by a lack of resources and long distances to the referral sites.

Barriers to Care

While specialty care is available in the rural public system, barriers prevent rural Salvadorans from accessing this care. The obstacles include: (1) long distances to referral sites (e.g. the nearest county level hospital is over 3 hours away); (2) long wait times for access to specialty care; and (3) the referral process is complicated and time-consuming due to distance, limited resources, and staff turnover.

Interventions

The project team proposed to overcome these barriers to care through a combination of advocacy and referral services. This involved: (1) building on the already available primary care and community health services; (2) building a referral network; and (3) providing education and counseling to patients on overcoming access barriers.

Results

The project was implemented in a primary care clinic in El Salvador starting in 2007. It was supported by extensive advocacy and referral services, which included: (1) building a referral network; (2) providing education and counseling to patients on overcoming access barriers; and (3) building on the already available primary care and community health services.

Goals

The project's goals were to: (1) build on the already available primary care and community health services; (2) build a referral network; and (3) provide education and counseling to patients on overcoming access barriers.

Conclusion

The project successfully overcame the barriers to care through a combination of advocacy and referral services. This involved: (1) building on the already available primary care and community health services; (2) building a referral network; and (3) providing education and counseling to patients on overcoming access barriers.

Future Steps

The project will continue to build on the successes achieved thus far. This will involve: (1) scaling up the project; (2) building on the already available primary care and community health services; (3) building a referral network; and (4) providing education and counseling to patients on overcoming access barriers.

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