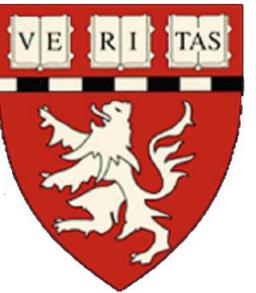




# Access to Specialty Care in Rural El Salvador

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## Abstract

### Background

Although rudimentary primary care infrastructure exists in Estancia, a village in Morazán, northeast El Salvador, access to specialty care and diagnostic tests is extremely limited.

### Barriers to Care

While specialty care is available in the Salvadoran public system, barriers prevent rural Salvadorans from accessing this care. Barriers include the inability of rural patients to travel to the more urban site of care; difficulty getting appointments in an overburdened public system; poor treatment and quality of care leading to fear of the system; economic and household obligations at home; and inability to pay for procedures, radiologic services, and laboratory tests not available in the public system

### Intervention

This project is intended to overcome these barriers to care through a systematic advocacy and referral system. It consists of 1) Intensive advocacy for patients referred for specialty care in the public system, including making appointments, following up on results of specialist evaluations, and, where necessary, accompaniment to appointments; 2) Provision of funds for travel to receive care and for diagnostic services and treatment. 3) Organizing large-scale campaigns to address specific specialty care needs, utilizing Salvadoran and foreign volunteer health professionals

### Preliminary Results

The project was implemented at a primary care clinic in Estancia starting in 2007. Data is available on referred patients for the first half of 2007. During this time, 1055 patients were seen in this clinic. 73 patients were served by the referral program. Of these, 21% were referred to the nearest emergency department; 52% were referred for further evaluation by a physician at another facility; and 27% were referred directly for diagnostic studies. \$2,500 of financial assistance was required for these patients.

### Conclusions and Next Steps

Using systematic advocacy, patient counseling, coordination of care, and financial assistance we are facilitating specialty care for a population that has previously been unable to access that care. Full data collection will be rolled out in 2008, including patient needs identified; referrals made and completed; results of specialist assessments, diagnostic tests, and treatment; and residual barriers to access not addressed by this program. It is hoped that the results of this project will form the basis of an in-depth needs analysis, which will serve to attract on-going, larger-scale funding for broader implementation of this work, and ultimately help create an improved system of specialty care in El Salvador.

## Background



Landscape of Estancia, El Salvador



A typical home

Morazán is a poor, mountainous region of El Salvador, with particularly low economic and health indicators, made worse by the country's 12 year civil war which disproportionately affected this area. Today, 33% of Morazán's population is living in extreme poverty (<\$1/day), and the literacy rate is 60%; the situation in the rural areas, where CDH works, is significantly worse.

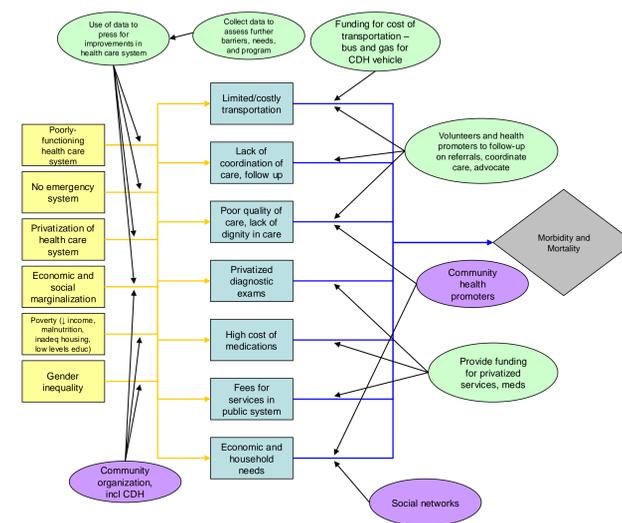
The Access to Specialty Care project is run by the Association of Peasants for Human Development (Campesinos para el Desarrollo Humano, CDH), a partner organization of Doctors for Global Health in El Salvador, as part of a comprehensive health and community development project including a primary and urgent care clinic. The clinic is operated by a locally-trained health promoter, accompanied by physician or medical student volunteers and supervised by the Ministry of Health physician for the municipality. The clinic has no internet access and phone connection dependent on unreliable cell phone signal; buses are an hour walk uphill, and the only emergency transportation is a pickup truck built in the early 1990s which also serves as CDH's primary vehicle for other purposes. Services available are limited to the evaluation rendered by on-site staff and a small pharmacy; all other services must be obtained through Ministry of Health referral sites in nearby towns. A range of barriers prevent most patients from accessing these services, as will be described below.

The project's goals fit within the framework of health as a human right and within the principles outlined in the Declaration of Alma Ata in 1978: primary health care should be accessible to all people and "should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all."

## Goals

- Provide comprehensive, coordinated medical care for the population of Estancia, in the department of Morazán, El Salvador.
- Build on the already available primary care and community-based intervention, which address the most prevalent conditions in the community, to evaluate and treat patients with more complex health problems.
- Use data gathered during the referral process to improve the project and to better understand remaining barriers to care.

## Barriers to Care



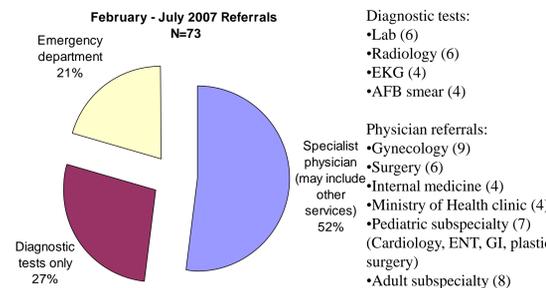
Key: Barriers, Influences, Community assets, Access to Specialty Care project

## Interventions

- Coordination of Care
  - Appointments
  - Coordination among services in complex cases
  - Follow-up on results and next step in evaluation and/or treatment
  - Remote consultation with specialists in El Salvador and the U.S. in select cases
- Advocacy
  - Accompanying of patients to appointments
  - Working on multiple levels to improve access to care, quality of care, and patient experience and dignity
  - Addressing needs of patient in social and community context
  - Education of patient and counseling on overcoming access barriers
- Funding
  - Transportation - funds for bus or use of CDH vehicle.
  - Laboratory tests – beyond the options in public system, generally limited to UA, CBC, Stool O&P, creatinine.
  - Radiology and other diagnostic exams; only plain films available in public system.
  - Medications – often available only in private pharmacies (even during hospitalization).
  - Hospitalization costs, such as \$6 discharge fee, if not waived by social worker
  - Communications for advocacy and coordination, including cell phone calls and emails sent from town
- Data collection
  - Descriptive data on clinical problems encountered and referrals made
  - Qualitative data on barriers to care encountered
  - Follow-up data on care obtained once referral made
- Specialists and large-scale campaigns in Estancia
  - Ophthalmology
  - Dental
  - Other

## Preliminary Results

Referral funding became available in 2007. Data is available for the first half of 2007. During this time, 1055 patients were seen in the CDH clinic, forming the basis for referrals. 73 patients were referred for lab testing, diagnostic services, or further evaluation by specialists or in the nearest emergency department. Approximately \$2,500 dollars of financial assistance were used for these referrals (average \$34 per patient).



### Patient stories:

- 8-year-old boy presented with hypopyon from endophthalmitis (severe eye infection, generally requiring emergent ophthalmologic referral and IV and intra-ocular antibiotics); family refused initial referral. Two days later the eye was lost; family unable to accept referral for eye removal and prosthetic replacement due to financial barriers. No financial assistance was available at that time.
- Young adult patient with HIV/AIDS presented with fever, cachexia, and cough; transported emergently to nearest hospital and successfully treated for tuberculosis. Care including antiretroviral therapy arranged with infectious disease specialist in the closest large city.
- 3-month-old with tachypnea, found by project staff to have arrhythmia. Transported to San Salvador with intensive advocacy for evaluation by pediatric cardiologist, EKG, and echocardiography. Found to have ectopic atrial tachycardia, managed with propranolol, now thriving at 2 years of age with regular cardiology follow-up arranged and funded by project.

## Planned Data Analysis

Data gathering tools are under development for the next phase of prospective data collection, to begin in late 2008. During this phase we will gather data on:

- Patient characteristics, clinical problems encountered, referrals made, and interventions performed (counseling, advocacy, coordination, and provision of financial assistance).
- Patient needs and barriers to care – qualitative evaluation with patients at the time of referral and during follow-up. The focus will be on better understanding barriers to care and the program efficacy is addressing those barriers.
- Outcomes of referrals – completed? Results of referral?
- Resources used, including financial assistance and advocacy time.

## Limitations

- Site-specific approach. Replication in other sites would require understanding those sites' local barriers to care and local health services context.
- Referrals based upon volunteer and health promoter discretion, which is subject to their biases and levels of training. Where possible we used standardized referral algorithms (e.g. the Salvadoran version of the WHO Integrated Management of Childhood Illness (IMCI) algorithms); we are also continuously improving the level of training of both local staff and volunteers.
- Dependence on international volunteers. Much of our advocacy is done by these volunteers; attempts to shift this work to locally-trained health promoters have so far been unsuccessful, due in large part to discrimination based on social class. Campesinos para el Desarrollo Humano, Doctors for Global Health, and others are undertaking efforts to help people from Estancia cross these class lines.

## Conclusions

- Through advocacy and financial assistance, we have facilitated referrals from a clinic seeing over 2,000 patients visits per year. This has taken approximately \$5,000 per year, and the efforts of several volunteers and community-based health promoters.
- Referrals have been for evaluation by physicians not available in our clinic, as well as for diagnostic testing. Referral locations ranged from the nearest town to the capital city, which had previously been inaccessible to almost all clinic patients.
- Referral efforts are ongoing; the program is now in its second year. Further data gathering will help us better describe referral needs and the referral process, and better understand remaining barriers to care.
- We hope to use this data not only to improve the referrals project but also to implement larger-scale projects to better address needs in Estancia and other areas of the country. More broadly, we will advocate for a stronger, comprehensive and accessible health care system in El Salvador and beyond.



Campesinos para el Desarrollo Humano (CDH) Clinic



"El Anciano" ("The Old One"), emergency vehicle/ambulance

## Future Steps

- Data analysis as described above
- Sharing of this project and expansion around Estancia and at other sites
- This project creates more demand for referrals, and multiple related needs have yet to be addressed
- Further funding might provide for the following:
  - o Continued operation of project after current grant-funded period
  - o Purchase of reliable, safe, and adequately-equipped emergency vehicle
  - o Reimbursement of patient costs that have not thus far been addressed by the project, including food during long trips and income lost by not working while traveling for referral or hospitalized. It is hoped that this would further decrease barriers to care.
  - o Hiring of additional local staff, and more training for local staff, in continued efforts to encourage more advocacy by local personnel rather than international volunteers
  - o Hiring of a full-time Salvadoran physician for the clinic

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