

## English Translation



### *Episode 4: Addressing Healthcare Challenges in Central America*

*Dr. Eric Ulloa and 2023 ACP intern Lorett Alarcon*

[Lorett] Good morning and welcome to another episode of our podcast here at ACP. My name is Lorett Alarcon, and I'm one of the interns here in the Department of Medical Education. Today, I'm here with Dr. Ulloa.

[Dr. Ulloa] Good morning, Lorett. I'm Dr. Eric Ulloa, a specialist in internal medicine. I also have a master's degree in medical management from Tulane University and a diploma in palliative care, and I am currently the national coordinator of quality management and patient safety in the hospitals of the Caja de Seguro Social.

[Lorett] Very good. And you're also a member of the ACP, right?

[Dr. Ulloa] Yes, I am governor of the Central American chapter of the American College of Physicians, since September 2019. My term ends in April of next year, 2024. I'm so glad to be here today.

ACP has provided valuable education for us and has helped us a lot and united all the Central American countries. The ACP in Central America is actually not just for Panama. It includes all the countries of Central America, including Belize. Because of the pandemic, we have not been able to actively participate in all countries, but what we are doing today is helpful. Zoom broadcast has been an example with which we have been able to connect with Guatemala, with Costa Rica, with El Salvador, and we have actively participated in that way.

In addition to being an internist, I have held several administrative positions. I was head of the emergency services at Gorgas Hospital in the active canal zone from 1994 to 1997. I was the Director of Health Services Provision at the Ministry of Health from 2004 to 2009, and later I

was Deputy Minister of Health from 2016 to 2019. And now I am in this position and also governor at the American College of Physicians.

[Loretta] Very good, and can I ask you specifically about your role in this ACP chapter in Panama City and the initiatives you have, who has participated, or what you have taught to the medical community in Panama?

[Dr. Ulloa] The work we've done in the chapter has mainly been working not only with doctors specializing in internal medicine, but also with residents and medical students, even with general practitioners, who do not have a specialty. Here in Panama, you can be a general practitioner without being a specialist. The first thing we did was to establish a council of students, who came together a lot during the pandemic, a council that is made up of four universities, including the National University, which is public, and three private universities. They formed educational activities, but also as their own initiative, began to do volunteer activities. They did activities like something they call "I Am" which is a competition like Doctor's Dilemma, which the ACP does, but individually with which they collected funds. With these funds, they got hygiene products and some food products to distribute to families who, because everything was closed due to the pandemic, did not have access to their jobs and many who did not have access to food. They developed this initiative in which they partnered with a non-profit that was involved in these hard-to-reach areas, and they were able to distribute bags of food and supplies to these families. Not only that, but they did some really good podcasts about what to do during the pandemic, how to maintain your hand hygiene, how to wear a mask, how to avoid contagion, and all this even earned them an award from the American College of Physicians for their activities.

We copied this model and then passed it on to Guatemala, for example, where they set up a council of residents of four educational programs in Western Guatemala, which is San Fernando, Antigua, and other cities, and managed to increase membership by more than 40 members. So not just educational activities, but also volunteering, and above all, becoming much more active in Doctor's dilemma which is a competition between residents that unites our countries a lot. And finally, we have copied this same model again in El Salvador where we have formed a council of residents that has also joined and increased membership. Costa Rica has always been with us, and we've basically managed to unite these countries through these tools and the American College of Physicians.

Other activities that we have done in addition to educational activities, for example, we have taken advantage of some tools that the ACP has such as Employee Well-being. Because this area, especially for students and residents, is very sensitive and helps us reduce burnout, especially with the pandemic. So, we have participated with them in activities. For example, the council that was formed in El Salvador, they are forming a training in worker wellness to reduce burnout, and we're working with them on that, as well as in several hospitals across the country.

[Lorett] I'm very happy to hear about all these initiatives in the ACP chapters. It's great that we're connecting with different chapters on a global level, because that's very important to be united as chapters from the same ACP family. I like to hear about all the things that you have done, and it's great that you are getting recognition for all the achievements that you have had. My next question for you is what are the main health issues that you face in Central America, Panama, and what steps have been taken to address these challenges?

[Dr. Ulloa] Of course. In Central America, the main causes of morbidity and mortality are the same as in almost all developed countries. Cardiovascular diseases and cancer are the leading causes of death, but the problem is that we also have some hard-to-reach areas with indigenous populations where there are still diseases like diarrhea, like malnutrition. In the Darien area, for example, we have dengue and malaria. We have the problem of the migrant population that are coming from South America through Panama to go to the United States, which is a problem that has been seen in recent years and that has attracted the attention of local people. But above all, it has brought risk to this population going through the Darien jungle and the forests of the Amazon and Colombia because of the tropical diseases. One of the initiatives we did with a group from the government, the Gorgas Laboratory Institute, and some volunteers from the chapter was to create a group to serve hundreds of people, to do a screening for communicable diseases, and see their vaccination areas and so on. At least so that during their transit in Panama if they acquired these diseases, they could also protect our population along the way.

But we also have in Panama, the problem we have, is that we have two health systems, a public health system and a private system. We have the Ministry of Health, which offers care services especially in primary care with many health centers throughout the country, and the Social Security Fund has more second- and third-level care with state-of-the-art hospitals in the public system. And it serves more or less 80% or 85% of the population. In the private area, we have centers of excellence. We have two hospitals accredited by the Joint Commission where they have first class services. We even receive many tourists who come to be treated here for its excellence.

But to solve the problem at the public level, many initiatives are ongoing, for example, the policies that we have for access to medications and supplies which is a problem that we have not only in Panama but in all of Central America and many Latin American countries. Because even though we have these services, medications in Panama are expensive. They're even more expensive than all the other Central American countries. And at the public level, procurement is sometimes affected, because we do not have enough suppliers. So, initiatives have been started by the government, with the comptroller's office, with companies to try to improve this problem, and we have worked to increase access to medicines with the support of PAHO, for example. With the support of COMISCA, there is also a system to acquire medications and make these systems more accessible to reduce the inequity that exists. They also worked on a project to try to unite primary care with secondary care to make these service networks, trying to solve

most of the problems in different provinces. But the problem we have is that it still comes from the Ministry of Health and Social Security system. And sometimes we duplicate some services in the area, and we are not totally effective. But we are working on improving that.

[Lorett] And what is access to medications and vaccines like? Is it easy to access or not?

[Dr. Ulloa] Yes, in the area of vaccines, Panama has one of the best systems. We have almost complete vaccination for children and adults. We still do not have the varicella vaccine. They are still in the process of bringing it here to Panama. But they have a very good scheme, and basically the vaccine care is completely free at the institutional level. And many people, even from private services, give them at the institutional level, because they are provided. For example, now with COVID, all the COVID vaccines, Pfizer and AstraZeneca vaccines, and service were provided. In terms of access to medications, yes, at the private level, we have all the state-of-the-art medicines for advanced treatments of cancer, dermatology, and for different diseases. In the public system, as I said, sometimes we do have a little lack of access at times. But we are working to improve this access, especially because sometimes we have had difficulties with the acquisition system. So many companies do not participate, and we have shortages. In those cases, they try to look outside, even to Mexico, for the medication, but there is a system. Even if you do not get the medication in the public system, you can get it in the private system through a system called MedicSol, which has been implemented.

[Lorett] Very good, and so in the populations of Panama or the populations of Central America, what is the attitude or the perception towards the healthcare system and what do people think of the medical care that they receive?

[Dr. Ulloa] Yes, well I can speak to you about Panama, because, in reality, it is very difficult to say for all countries. In many countries, for example, if we talk about Guatemala, it has a very large indigenous population. It has more than 40 ethnic groups. And access is much more difficult than in Panama, because it has many mountains and forested regions, and each has its own culture. El Salvador has greatly improved its health system. We were there not long ago. Honduras too. There are different problems in each country. In Nicaragua, despite the fact that it has a system that is different from the others, patients can go to an accredited hospital, which is a first-class system and has very good primary care. Costa Rica has very good health care. They created a separation between the Ministry of Health, which provides only preventive care, and the social security fund, which provides other healthcare.

But despite that, there are also some problems with medication. In recent years, in Panama, yes, there is sometimes a lack of some medications. But basic essential medicines, for example, for chronic diseases, we try to make those available all the time. Programs have been created such as what we call "single appointments" in which we try to give the patient all the care with their labs and their medications in the same appointment, because many come from hard-to-reach areas. And it is difficult for them to return to attend an appointment that they're given for three months away, but we do not have that available throughout the region.

The challenges, as we said, above all are the areas that are difficult to access. We have made some coverage extension plans in which some health companies provide services in those hard-to-reach areas which they do periodically. About every six weeks, they go on tours and do vaccinations. They do evaluations. But for these patients who live in those areas like Darien, like Ngäbe-Buglé, which are in the mountains and very far away, many times we have to send a helicopter. When there is a seriously ill patient, they have the radio systems, and they go to pick them up and bring them closer. This is the part that somewhat limits our access to those communities, but work is being done to improve that access to care.

But as I said, there is also the cultural part that we are working on, developing lifestyle habits, healthy diets, exercise. It is a daily thing in our consultations, and we work on those different aspects to promote preventive health care rather than curative. Because oftentimes they arrive with advanced diabetes, but they are working on improving .

[Lorett] Yes, I think these challenges are similar to what other doctors have said, especially after talking to other doctors in this podcast. We have seen that it is a big part of healthcare. To have good health when you are older, you have to take great care of your body. And you have to seek preventive medical care which is also about diet, treating obesity to prevent diabetes. And it's hard telling people, "please don't consume so much sugar, don't eat so much junk food." And that's a problem I think for everyone, but specifically for these regions that we're talking about. I know we've talked about your ACP chapter's initiatives, but do you have some examples of the results of the initiatives regarding what we have talked about with the different healthcare problems?

[Dr. Ulloa] In Panama? Yes, of course. For example, with what I was telling you about the program that we have done with migrants who come into areas that are difficult to access, studies have even been done to assess the prevention of these diseases in that area. For example, that area was trying to prevent malaria. You know, many of our countries have malaria, but it has been controlled. It's been very difficult, because they keep coming in every day, but at least the screening has been done. It has not been possible to control malaria, because they continue to come. Sometimes we have 200 people and sometimes more than 2,000 people arrive in a month, and it is difficult to control it.

In our ACP chapter we have different activities. For example, the research part has been very successful. We have even given an award to one of our fellows who does a lot of research in the Azuero area, which is a central area, especially for chronic diseases. We have a problem with chronic kidney disease that occurs in all areas. They even called it Mesoamerican Nephropathy because of the problems with the heat in Central America and that has improved a lot with this research that is being done to try to see what the cause is and prevent others from getting this.

We have also highlighted participation and interest of members in the Quality & Safety of care using ACP tools as well as attending to the well-being of workers. We are working in a hospital

in the countryside which is the first hospital that could be accredited in the public system in Panama. It's a hospital called Gustavo Nelson Collado where many of us are using tools from the American College of Physicians. We have worked with the well-being curriculum, we have a care program for the first, second, and third level victims of medical malpractice which is the first time it has been implemented in all of Panama. There are no private hospitals yet, so we are trying to implement it in this hospital.

So, these are successful examples that we have developed, and one thing we have seen is the visibility of female medical leadership in Panama. We give an award to women doctors, because many of our members that stand out in leadership of our board of directors are women. Despite the fact that we have fewer women in the chapter, we have many women who have stood out and who are very valuable, and this I think is important. Women usually have fewer leadership positions which is similar in all countries, but here, for example, last year we saw that of our 7 awards, 6 were women. And that is something that we have highlighted here as well, and we are instilling that from the residents and students.

[Loretta] Oh, how great. I'm very happy to hear that. I think that's also probably an inspiration to all the girls out there, to all the young girls who see these people in power who are making a big change in Latin culture. I can at least talk about how the Latin culture of Mexico can be difficult sometimes because of the machismo that exists and all the discrimination that exists against women, especially in the medical field. But have you seen this change, a gender shift where more women are becoming a part of medicine recently? Or is it something that's been happening in the last 20 years or the last 10 years? What's your opinion on that?

[Dr. Ulloa] I think that it has been seen in recent years, because historically when I studied medicine, there were more men than women. But as time goes on, we see more female medical students in universities than men and that has been progressive even in the universities. The majority are women in the area that I am working in, for example, Quality. I work with more women than men, because women can work in these areas of organization and management a little easier than men. We men like to do things faster and not act directly. Here in Panama, we are very multicultural, and women have stood out. Now, remember that for the construction of the [Panama] canal, people came from all over. So we have different races, African-Americans, Chinese, Europeans, so we have no discrimination issues with the community. I was talking to our director of the National University of Medicine. She is also a woman. She is the dean. We were talking about her presenting at the University of Medicine. The month honoring the history of medicine in Panama is coming, and it is going to highlight all the women who have stood out in medicine in Panama. So we are doing very well in that regard.

[Loretta] I love to hear that. I would also like to hear more about that after you have that medicine month presentation over there in Panama, but now I want to ask you about another issue that we are hearing more and more about now in the United States. The cost of going to the doctor is very expensive or to go to the dentist, especially if you don't have insurance.

That's a big problem here in the United States and receiving medical care sometimes is not accessible, because even though we are in a country that has a lot of technology and a lot of things that make us more competitive with medicine compared to other countries, it is inaccessible to people who are not insured. So now there is something called medical tourism. I have heard that happens a lot in Mexico, because the border is so close. But have you seen medical tourism in Panama or where different people have migrated to Panama for healthcare?

[Dr. Ulloa] Yes, we have seen medical tourism in some private hospitals. For example, we have Punta Pacifica Hospital, Panama Clinic that has started to have medical tourism for certain things. Let's say for plastic surgery or for some types of surgery that are cheaper here than in the United States. But in a way, Panama is a little more expensive than other regions, because our standard of living according to the World Bank already makes us an expensive country, so that makes the services a little more expensive. It is true that those here who do not have insurance do not have access to private care in these hospitals, which makes us compete with many countries, such as Colombia, for instance, where they have very good medicine as well, but the prices are more accessible. Costa Rica, for example, has merged its medical tourism with ecotourism, so they've been able to develop it much better than Panama. We have the potential for that, but yes, medicine is a little more expensive for us.

It also seems to get a bit expensive for locals. Because certainly the prices are better than in the United States, but they are also a little higher than what you would want for the Panamanian who does not have private insurance. So that is one of the cons in medicine, but work is already being done in that area. There's potential in many private hospitals. They have already seen it, and they are dedicating themselves to that. We in the public system, for example, we have a great project called the City of Health. What was done was several institutes have been formed, a cardiovascular institute, an institute of nephrology and transplantation, an institute of specialized surgeries, and it is a center that has first-class personnel and equipment. But it's just getting started. It has the potential not only to serve the Panamanian population but would have the potential to bring in even more medical tourism in the future in the public sector. But for that, we have to modify some of the laws of Panama to do it in the public system, but those centers that have the technology compete even with those of private hospitals.

In Panama, we have the advantage that many of our doctors, because of the relationship that we've had with the United States from the construction of the canal, many have specialized in the United States. And we, unlike other Central American countries, have more doctors that specialized in the United States and also Mexico, but especially the United States. Unlike others who go to other Latin American countries, who go to Argentina, who go to Mexico, other countries, especially Spanish-speaking ones, we have a Relationship with Gorgas Hospital that also trained many specialists and many residents here in Panama. We maintained that relationship. And that is why the American College of Physicians is in Panama, because we have many more members. The chapter began here in Panama in 1928 with Gorgas hospital with the

doctors of Gorgas, and then other Panamanian doctors came in. I mean, we have a long history of a relationship with the United States.

[Lorett] Very good and you've told me a little bit about this already with your answer, but what are the benefits and what are the challenges of medical tourism? If someday it is more of a possibility, could medical tourism benefit the economy?

[Dr. Ulloa] Of course. It would be a benefit, because it would include the ability to raise funds from outside for the benefit of these hospitals. But, as I told you, that is needed, because previously you could go to a public hospital and pay privately. It was what we called semi-private hospital. Currently that does not exist. We had to modify the legislation to do it and be able to directly charge the patients' insurance. That part needs to be worked on, but I think that would be a very good example of where it could be used. And note that not only in this area, in healthcare as I mentioned, but also in the public area. I can give you an example of a project that is being done in the Children's Hospital of Panama, which is a public hospital but has an administration, what they call the Board of Trustees, with some of the main non-governmental organizations that help administer it. And in that hospital, they do epilepsy surgeries, brain surgeries with doctors who come from primarily Argentina, but also from the United States, once a year. With the support of the first lady's office, over 70 children have been operated on.

And this epilepsy surgery is done on a child who has epilepsy; that is, they have seizures which many times do not allow these children to progress. It doesn't allow them to develop well. It doesn't allow them to be productive people, and many of these surgeries that have been done have changed the lives of these children. I have an example, and I know this because, as I told you, I'm the Minister of Health, and we worked on these projects. And also, my wife works on that project, so that's why I know it well. But there was a child from Darien whose life was changed so much that he even got to ride a horse, which he couldn't do because of epilepsy, and go back to school to be a responsible person. And that was done in a public hospital with the support of these centers in the United States. Because we have doctors, as I said, we have doctors who have gone to study in the United States, and they maintain the relationship with us here in Panama. For example, we have Dr. Ruben Kuzniecky who is the head of the epilepsy center in a hospital in New York, and he manages this project with us here. And that is done in a public hospital. A surgery like this in the United States or in other countries costs more than 100 thousand dollars. And here it is done only with their support and with the support of their backers, and everyone is happy. The families are happy, and all this can be transferred to the others setting up centers for cardiac surgery and everything that is currently being done. But people were sent to Colombia or other countries, because there was not enough technology here.

[Lorett] Wow, how incredible, all these stories you have told me. I did not know much about Panama before today, especially about the medical system, but it gives me a lot of joy to hear



about everything. And you should be very happy with what you are doing there, especially with all the achievements with the Children's Hospital, because that is very important. And hopefully it will continue to be a priority there in your medical system. I think those are all the questions that I have for you. Is there anything else you wanted to highlight about the medical system in Panama or Central America?

[Dr. Ulloa] Just to chat a bit about it, as I said, the American College of Physicians has helped us support all the work we are doing here. And I would like to invite all those who are not members of the ACP to become members. As I said, for students, membership is free, they joined, not only to take advantage of the educational part, but also the organizational part of belonging to a committee, of doing volunteer activities. All of this they organized themselves, and it has turned out excellent.

Resident doctors have been working on well-being, because many times you will see that medicine is a difficult career, to work so many hours in a profession. You have to do these 24-hour shifts which are exhausting, and many times, you even delay having children when other colleagues who you studied with from college already have their children. Everything is difficult, and sometimes we fall into burnout. These tools help us in taking this to the organizational level.

We have used many ACP tools to prevent this from happening, and also we do not forget the doctors who are still young internists who are starting out. They have access to many support tools. We have tools such as free access to DynaMedex. We have POCUS which is a valuable tool to attend to their patients, all this for free, with minimal fees. For example, for the Central America area, we have a minimal cost, because they still consider us a lower income country level, especially those that are not Panama and Costa Rica. Panama and Costa Rica are a little higher, but the other countries still have a lower level and have very important advantages that helps us. Working with you is to the benefit of the patients, and all of us, the doctors and the workers. Yes, that is the message I want to give you. This organization helps us to be proud of being a specialist in internal medicine, of being a doctor, of contributing to healthcare and the health system.

[Lorett] That's beautiful. Thank you very much for your incredible words and your message. I hope that all those who listen follow your advice and sign up to be members of ACP when they can, because it is an amazing organization. I have seen this summer that it is like a real family in different countries. I also love to see all the connections and the achievements that you have made. Thank you very much for all your time and for being here Dr. Ulloa.

[Dr. Ulloa] Thank you very much Lorett and thank you very much for the invitation and for your questions.

[Lorett] Thank you.