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Recommended Citation

Haidorfer, Neil Flannery and Simmons, DrPH, MPH, MCHES, CPH, Robert, "Care in Columbia: What we can glean from South American Medicine" (2013). *CwiC-PH*. Poster 20. https://jdc.jefferson.edu/ph/20

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Care in Colombia: What We Can Glean from South American Medicine

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The information presented is a the product of a two month international rotation at Medellín General Hospital and the non-profit pediatric clinic, Santa Ana through an academic affiliation with La Universidad CES in Medellín, Antioquia. The goal of the rotation was to obtain an understanding of healthcare in Colombia and identify potential practices that could be utilized in the U.S.



UNIVERSAL COVERAGE

- •Colombia has made a commitment to universal coverage through a series of legislation passed in the early 1990's
- Sistema de Identificación de Beneficiarios de Subsidios Sociales (SISBEN) is a national program to distribute government resources and healthcare throughout Colombia which has been integral in creating a system of universal coverage with 90% of all citizens covered[1]

<u>Major Social Determinants of Health – SISBEN c</u>overage determined by placing Individuals/families into one of six strata according a wide array of social determinants of health

- Housing
- Health
- Education
- **Health vulnerabilities** (ex. Adolescent mother, care for elderly)

*All categories are further subdivided and weighted

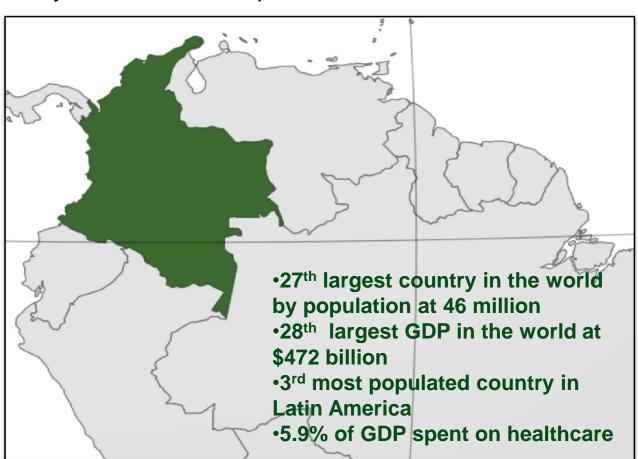
Six Strata- Lower numbers receive a higher fraction of healthcare subsidies from the government and pay less taxes to support the system

1 Free funding from SISBEN

1	Free lunding from Sisben
2, 3	Highly subsidized by SISBEN
4, 5, 6	No subsidies - more affluent citizens are typically privately insured

THE COLOMBIAN HEALTHCARE SYSTEM

- •World Health Organization ranks Colombia 22nd in world health systems (15 spots ahead of the United States)[4]
- •Quality care provided through evidence based medicine and commitment to universal coverage for citizens along with a thriving medical tourism industry has made Colombia an international leader in healthcare
- •Despite limited infrastructure, tropical disease and continued civil unrest, Colombia has been able to address many of the healthcare problems the US continues to face



Evidence Based Medicine

- •Rooted in medical literature generated abroad, tailored to needs of rapidly developing country with fewer economic and technological resources
- •Physicians rely heavily on physical finding and understanding of medical literature, less on imaging and lab tests for a fraction of the cost of US medicine
- •Inexpensive yet high quality, evidence based medicine suggests the potential for further studies of cost-outcome practices that could be applicable in the U.S.

MEDICAL TOURISM

- •Private sector cosmetic surgery and medical tourism thrive due to well-educated physicians and low cost operations compared to U.S.
- •Large part of both the Colombian economy and medical system, expected to generates \$270 millions in US dollars in 2012, almost doubling the revenue from 2010.[2]
- •Portion of the revenue generated is used to provide care to low income Colombian Citizens
- •Elective surgery such as dental veneers and breast augmentations done at a fraction of the US price
- Organ transplants with no requirement for approval from UNOS (*United Network for Organ Sharing*)



Hospital San Vicente –Rio Negro

Hospital San Vicente, located 30 minutes from Medellin, in Rio Negro is a new sites that is approved as a free trades zones allowing it to cater to foreign tourist as well as generate revenue to care for local, low income communite[3]

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