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**HOW TO IMPROVE THE QUALITY OF MEDICAL CARE IN
COCHABAMBA CITY'S HEALTH CENTERS - BOLIVIA**

Thesis submitted by

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SUMMARY

Cochabamba City has a third level hospital and 14 health centers with providers who are specialist and newly graduate medical students. These health centers are characterized by the low utilization of the curative consultation. It is evident that the health centers in this case do not attract the population. One of the major reasons is the low quality of medical care in relation to the technical and communicational aspects. Another important factor is that no integrated health system is established, as a consequence, there is no system that ensures continuous care which contributes to the underutilisation of these health centers.

The purpose of this study is to elaborate a protocol of action research in order to be applied in the field and try to solve the above mentioned problems, namely the problem of quality medical care in the health centers in Cochabamba City in the realm of the curative consultation.

In order to be able to draw substantive results from this study, a concrete plan of action was established to include a tool box which contains possible solutions to the weaknesses based on my experiences and other pertinent informations culled from various literatures. An action-research protocol is deemed necessary in this context to analyse the quality of health care in Cochabamba City.

As a result of the implementation of the proposed interventions, it is worthwhile to mention that one of the expected outcome will be the improvement in the acceptability of the health centers by the public as a result of a more comprehensive, integrated health system.

After a thorough analysis of the health centers in Cochabamba, I believe that a restructuring of the health system is necessary. The provision of quality medical care is important as it is considered to be the basis for the public to accept and utilise the health centers. However, the attainment of this goal will wholly depend on how the people concerned will improve their behaviors and attitudes in order to achieve these changes for the betterment of the community as a whole.

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I. INTRODUCTION

The Department of Cochabamba is located at the center of Bolivia. It has a population of 1,221,630 million. Its capital is Cochabamba with approximately 500,000 inhabitants. It has 10 rural health districts and 3 urban health districts.

The Cochabamba urban area has a third level hospital with 400 beds and 14 health centers which provide minimum package of activities (MPA), three of which provide deliveries. There is no district hospital in the urban area.

The health center minimal package of activities consists of:

- * Curative consultations.
- * Care and follow-up of chronic patients.
- * Care and follow-up of high risk groups: Ante-natal and post natal care, well baby clinic, family planning, prevention and rehabilitation of malnourished children.
- * Other activities: Such as community education, mass campaigns of vaccinations, home visits, provision of essential drugs, synthesis of information on the patient and administration.

All urban health centers are staffed by physicians and most of them are specialists (i.e. pediatrician, gynecologist, etc.). In some health centers, however, one can also find newly graduate students who are required to work for one year as compensation of their free studies in the medical school. There are 1 or 2 nurses, 3 or 4 aid nurses, 1 clerk and 1 Sweeper. These health centers are open from 8:30 a.m. until 2:00 p.m., Mondays through Fridays. The health centers providing deliveries are open 24 hours. The population of each health centers vary between 5,000 and 120,000 inhabitants (see Annex 1: Table 1). The mode of payment is fee for service.

I.1. Identification of the Problem:

The health centers and the hospital do not have proper coordination and therefore there is overlapping of activities. In addition, there is no referral and counter-referral system between them. As a result, the number of referred patients who do not arrive to the hospital cannot be determined. In other words, there is not a system that guarantees appointments and retrieval measures thus, there is no real transfer of responsibilities and informations between the health centers and the hospital and vice-versa that would ensure continuous care.

More often than not, people tend to go directly to the hospital instead of seeking immediate medical attention from the health centers. This can be explained by the fact that these health centers do not attract the population.

One of the main reasons that might explain the poor acceptability of the health centers by the population is that there is no proper **communication** between the health centers' staff and the community thus, various problems arise:

- a. Working hours of the health centers are not convenient: The working hours of both the health centers and most of the population coincides and thus there is no accessibility in terms of time.
- b. Impolite staff: This attitude creates a barrier in establishing good empathy as a necessary condition for a dialogue.
- c. The staff has indifferent and passive attitudes towards the patient and/or the institution demands: The staff responds passively to what comes from the outside, the response is limited to the moment of interaction thus, they lack the initiative to identify the needs and find solutions to the problems of the community.
- d. Lack of sense of empathy and the ability to deal with patients more effectively: The physician usually does not include in his medical interview the psychosocial dimension aspect. There is also lack of negotiation between the physician and the patient thus, the treatments proposed are not

clear and well defined resulting in the lack of compliance.

Another problem is the **technical** deficiency of curative care. Under this aspect, I have identified several problems, namely: The health centers has no standardised medical records, the anamnesis and physical examinations are generally not as complete as it should be, the diagnostic procedures are dubious, some screening methods are unnecessary, prescriptions are inappropriate, sometimes the treatments are ineffective and/or harmful to the patient, there is over-prescription of non-essential drugs, and lack of follow-up of patients, etc.

The problems that have been earlier mentioned, can be supported by the low utilization rate of the health centers. (see Annex # 1 Tables 1 and 2). It is worthwhile to mention however, that the coverage of immunization of children under age one were obtained with the help of three mass campaigns.

In view thereof, one can conclude that these **technical and communicational problems** do not allow the health service to respond to the demands of the population, and as a result, the people have lost confidence in the health centers. Furthermore, this proves that the **quality of medical care** provided by the health centers is not sufficient enough since there is lack of acceptability of their services by the population.

On the other hand, the health centers are **not integrated** into a health system, therefore, the community does not give support to them, nor participate in the management of health services, as would be the ideal scenario in a genuine community participation.

In my opinion, if an **integrated health system** were established, it would allow a closer link between the health centers and the hospital, there would be sufficient resources, more effective communication with the population and most of all, provision of high quality medical care. This would enhance efficient and effective conditions in terms of continuity, integrated and comprehensive care to regain the confidence of the population. This will likewise result in the satisfaction of the demand of the population seeking care and therefore improve utilisation of the health centers especially in the curative care as the initial stage of the re-organisation of them, and in the long run, improve the preventive care and encourage genuine community

participation. As a consequence, the community could support and contribute in the development of the health centers. These are elements of a strategy of development of health services.

The first step will be to form a strategy that would allow the health services in Cochabamba City to improve their quality of care in terms of medical decision-making and communicational skills because there is a potential demand for care.

In conclusion, we recommend that further studies be conducted to determine the causes of the above mentioned problems and find possible solutions to them on an individual basis, that is considering the health centers one by one. This implies an action research enabling one to make a specific diagnosis of each health centers deficiencies in the realm of curative consultations and bring specific solutions to them.

The purpose of this study is to elaborate a protocol of action-research in order to be applied in the field and try to solve the above mentioned problems, namely the problem of quality medical care in the health centers in Cochabamba City in the realm of the curative consultation.

I.2. HYPOTHESES:

If the curative consultation of the health centers could provide care with sufficient technical and communicational skills to respond to the demand of the community, the health centers would be more accessible and acceptable to them, and the health centers would be in a better position to integrate both the curative and preventive activities with good quality of care.

I.3. Objective of the Study:

To be able to design an action-research protocol meant to improve the curative consultation in Cochabamba health centers.