

» The Colombian healthcare system: well thought out but poorly implemented?

Bogota » 06 » 2015

Much has already been said about the Colombian healthcare system. The media are constantly publishing news about patients who die because the Health Promoting Entities (EPS) do not authorise the required medical treatments; or due to the so-called "death walk". They also publish news about the debts of the said entities with the hospitals and about the huge problems that millions of taxpayers and subsidised have to face in order to get an appointment, consult a specialist or take medical examinations.

Experts have analysed and documented this issue. The well-known journalist Juan Gossain stated in a harsh and rigorous article that "the Colombian healthcare system is dead, corruption, politics and greed killed it". The journalist depicted the radiography of an extremely tragic case¹.

Health is a fundamental right, and the State must guarantee it to its citizens. However, the quality of the system is nowadays heavily questioned. The professionals working for the Health Promoting Entities (EPS) are required to see more patients in a shorter space of time, and sometimes the medical consultations cannot exceed 10 minutes, which is not enough time to provide a human and efficient service. In addition to this, the wages that these professionals earn are not consistent with the huge responsibility placed in their hands: people's lives.

Andrew Wallace, an expert in health issues stated that "the system is fragile, and although there is a significant flow of money, people lack confidence in it. There is a wide gap between the subsidised and the taxpayers, and health should not be stratified according to what you earn. In Colombia, what matters is the number of users, not the quality of the service provided. In my country (England) private and public hospitals compete with each other: The hospital that provides the best services will have more users and more resources".

According to Vallance, the lack of confidence is because "the most important thing is the result in the people's health and people are not evidencing it: huge queues, access barriers ... Moreover there are scandals of corruption and people know about the interests and influences that drive politicians to move around the system. Health should not be understood as a business, it is better to think about health as a synonym of social and economic development".

The situation could not be any worse; the poor service as well as the bureaucracy and the corruption, among other factors, have undermined the reputation of both the Health Promoting Entities (EPS) and the Colombian healthcare system. One of the most well-known cases is undoubtedly the Saludcoop case. The entity enlarged its offices, clinics and medical centres; it stopped paying its suppliers and appropriated a part of the health resources that poured into its coffers and that were registered as profits. In 2011, the State took over the Health Promoting Entities (EPS) because it had been diverting money. The Office of the Comptroller General of the Republic after a long investigation concluded that "Carlos Palacino CEO and legal representative of the EPS and his team had diverted 1.4 billion pesos. This would be the biggest 'tax trial' of the country".

¹ El Tiempo. Autor: Juan Gossain. "Así se robaron el sistema de salud de los colombianos" (This is how they stole the Colombian healthcare system). 24 de marzo de 2012. <http://www.eltiempo.com/archivo/documento/CMS-11420683>

² "El Espectador". Una mirada inglesa al sistema de salud colombiano (The Colombian healthcare system from an English point of view). 22 de octubre de 2012. <http://www.elespectador.com/noticias/bogota/una-mirada-inglesa-al-sistema-de-salud-colombiano-articulo-382649>

³ El Espectador. "Una mirada inglesa al sistema de salud colombiano" (An English look into the Colombian Health System) 22 de octubre de 2012. <http://www.elespectador.com/noticias/bogota/una-mirada-inglesa-al-sistema-de-salud-colombiano-articulo-382649>

⁴ Revista Semana. "Saludcoop, el desfalco de la historia" (Saludcoop, the great embezzlement). 23 de noviembre de 2011. <http://www.semana.com/nacion/articulo/desfalco-de-salucoop/365644-3>



Likewise the firm Yanhaas passed a survey which showed that only 8% of Colombians think that the system is a good one, 14% believe it to be one of the best in the world and 95% of the participants claimed bad management to be the biggest problem⁵.

Reputation is a key asset in companies and entities. Although it is qualified as an intangible, its effects are proven to be tangible and when it is positive it is reflected in an increase in the sales, in the loyalty of customers, affiliates, employees and in financial results. When reputation is negative, it could be devastating. Facts evidence that a deep review in the reputation of entities providing service should be made in order to start working on its reconstruction.

SOLID FOUNDATIONS

Not everything is negative. The Colombian citizens have forgotten that prior to the Law 100 of 1993, few Colombians had access to quality health services, and the health coverage was limited. After the law was implemented, Colombia adopted the comprehensive social security system (SGSSS), which is driven by six principles: efficiency, universality, solidarity, completeness, unity and participation⁶. Nowadays, both coverage and access have been improved, and more procedures, medications and treatments have been included. Moreover, although taxpayers and subsidised can improve the conditions of the services via complementary services and policies, all Colombians regardless of their economic status have the right and the duty to have a Compulsory Health Plan.

Despite the difficulties, some experts believe that the Colombian healthcare system is one of the best in Latin America, and this raises many questions: is the system the problem? Is it well thought out? Has it been poorly implemented? Is corruption the main reason of its lack of success? What can be done in order to restore the citizens' confidence and improve their perception of the Health Promoting Entities (EPS)?

The health expert Dov Chernichovski states that: "I personally believe that in the context of the developing economies, the structured reform carried out after the law 100 was implemented was one of the most ambitious reforms of that time, and it still is today. In terms of health reforms, we can have two possible scenarios: a poor model that is implemented correctly or a good model that is poorly implemented. I believe that Colombia has the best healthcare system in Latin America, but it has not been implemented correctly".

"Colombia has everything to have a healthcare system as good as the Canadian and English systems"

WHERE TO BEGIN? THREE CLUES TO REGAIN CREDIBILITY:

1 Ability to listen: Ability to listen: The reputation of Health Promotion Agencies is the result of the way in which they have engaged for years with its affiliates and to change that perception, they should focus on their main interlocutors, this is to say, their patients. In order to build strong, transparent and long-term relations, the starting point is to refine its ability to listen allowing them to find out the perceptions, needs and expectations of their affiliates and reshape their style according to their user.

2 Building dialogues: Recognize the user/ customer is the main tool to establish a fluid dialogue. The Health Promotion Agencies should move from unilateral to two-way communication. Establish a two-way communication with patients will improve the management of the agencies and will generate closeness with the affiliates.

3 Service culture: Health Promotion Agencies should understand that their main function is to provide a social service, not to fill their coffers with money, restricting treatments and hindering an appropriate attention. A solid service culture where the main goal is to provide an effective service which will meet the expectations of patients and families, and which will guarantee the right to quality health care, is only the beginning of the restructuration.

Colombia has everything to have a healthcare system as good as the Canadian and English systems, as it has solid foundations. The professionals are both excellent and a worldwide reference, and the government is constantly trying to improve the service, the coverage and the access. Recently, the president Juan Manuel Santos approved the Plan Nacional de Desarrollo (National Plan for Development) and the mandatory informed that for the very first time the health sector will overcome the Ministry of Defense⁸ relating to investment.

When analyzing both sides of the coin, several questions arise. Is it possible to rebuild reputation? How? Can the affiliates' trust be retrieved and the relations amended?

Although it is not an easy road, reforms are required and corruption must still be counteracted; it is fundamental that the Health Promotion Agencies draft a roadmap in order to restore the trust and credibility of their customers.

⁵ El Tiempo. "Solo el 8% de los colombianos creen que el sistema de salud es bueno" (Only 8% of Colombians think that the healthcare system is good). 3 de abril de 2012. <http://www.eltiempo.com/archivo/documento/CMS-1149641>

⁶ Turbulencia empresarial: Sector EPS en Colombia (Turbulences in the business sector: The EPS in Colombia). Documentos de Investigación, Universidad del Rosario. Septiembre de 2011.

⁷ Observatorio de Políticas Públicas. Autor: Dov Chernichovski, Ph.D. Universidad de Ben Gurion – Israel. El sistema de salud en Colombia: "Una sinfonía inconclusa y arriesgada" (The Colombian healthcare system: "An unfinished and risky symphony").

⁸ Expectativa en el Huila por el PND. La Nación. Expectativa en el Huila por inversiones del PND. (Expectations in the Huila for investments from the NDP)<http://www.lanacion.com.co/index.php/economica/item/253475-expectativa-en-el-huila-por-inversiones-del-pnd>



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