DIFFERENCES BETWEEN HEALTHCARE SYSTEMS IN COSTA RICA AND THE UNITED STATES:

THE IMPACTS ON OVERALL QUALITY OF HEALTHCARE
Interviews in Costa Rica

Took place in slums of San Jose

 Fluent in English

 Between the ages of 20-65

 Only 5 interviews complete due to language barrier
Interviews in the United States

Took place on WMU’s Campus

Between the ages of 20-65

10 interviews were completed

Mainly from students between ages of 20-28
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Race</th>
<th>Primary Language</th>
<th>Private/Public Insurance</th>
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Starting January 1, 2014, the PPACA will make health insurance mandatory. Higher taxes. Half of U.S.A. participants interviewed thought there was a moral obligation for the government to provide insurance. Non-profit clinics for citizens to get free health care:
- funded by non-profit organizations
- resident volunteers
Cost of monthly premiums 4x that of Costa Rica:
- High administrative costs and complex legal paperwork
- Chargemaster marks up price of tests, drugs, and other medical services
HEALTH INSURANCE COVERAGE IN THE COSTA RICA

- Health Insurance guaranteed by the state
- All participants interviewed believed there was a moral obligation for the government to provide health insurance
- One person can be insured for $60/month
- Rated just above the U.S.A. in an overall ranking of healthcare systems
- Ranked 50th for amount of money spent on healthcare
- Physicians make less annually than physicians in U.S.A.
- No chargemaster
Can only get pharmaceuticals with prescription

All U.S.A. participants agreed that a prescription was necessary

Participant U.S.A. 6 discussed flaws in current system

- “Doctor Shoppers”
- Prescription-monitoring Program
Originally believed pharmaceuticals were available without prescription

- Participant C.R. 1 thought more drugs should be available without prescription
- "Superbugs"

- "Doctor Shoppers" not as prevalent as in the U.S.A.
  - Most likely because of long lines to see several doctors
  - No clear appointment system

- Prescription-monitoring Program would still be beneficial

PHARMACEUTICALS IN COSTA RICA
Becoming a licensed physician:
- 4 years as undergraduate
- 4 years of medical school
- 3-5 years of residency

Most participants assumed physicians were better in the U.S.A. yet 2 participants stated that they did not trust their physician.

Participants from U.S.A. spent an average of 15 min. with physician.

Physicians should spend more time with patients in order to improve relationship (~ 30 min.)
Becoming a licensed physician:
- 6 years at a University (specializing in medicine)
- 1 year of social services at state hospital or clinic
- 3-5 years of residency

All Costa Rican participants interviewed trusted their physician.

Costa Rican participants spent an avg. of 40 mins. with their physician per appointment.

Longer lines for more time with a physician seemed like a good trade off for Costa Rican participants.
MEDICAL RESEARCH IN THE UNITED STATES

- Most often funded by nonprofit organizations or private companies
  - Not much federal tax $ left over for medical research
- Participant U.S.A. 2 feared that private companies will skew research results to benefit the company
  - FDA place more regulations on research funded by private companies
  - Consumers should ask their own questions
- Participant U.S.A. 2, 4, 5 preferred researchers to focus on general health and obesity
  - U.S.A. has highest obesity rates
  - 33% of adult population obese
Medical research not as prevalent in Costa Rica
- May be because of America’s drive to be #1
- Costa Rica has generally healthier citizens
- Obesity not as prevalent so less urgency for research

Most Costa Rican participants thought researchers should focus on HIV, heart disease, and allergies
- Participants not as worried about the general health of population b/c overall Costa Rica is a fairly healthy country.
IN CONCLUSION . . .

- Health Insurance Coverage/Access to Health Care
  - Set up free clinics in U.S.A., offering incentives to doctors who help
  - Implement cost effective administrative plans in U.S.A.

- Accessibility of Pharmaceuticals
  - Patient-prescription history program in U.S.A. and C.R.

- Improving Patient-Physician Relationships
  - Spend enough time with U.S.A. patients so they feel comfortable (~ 30 mins.)

- Medical Research
  - Focus on general health in U.S.A. in order to improve health care system overall
If I was able to continue this research, I would complete interviews in countries other than Costa Rica, such as Canada, Australia, and Germany, and compare their health care systems to the United States health care systems. I would also strive to complete 5 more interviews in Costa Rica.
The End