



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

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 in every day. (P)2

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

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

[Loretta] 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.

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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, 510 (J)TJ0.001 Tc 0.003 -10.23 Td islsri, th9 cnr Ciesen010[P]2 h)4y ac h)4 \$2.