Mexico, the United States and Children’s Private Healthcare

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Class of 2013
Clendening Proposal

Introduction:
It is quite evident when you walk through the main door of the Jaydoc Free Clinic on a weekday night, the specific demographic that is in demand of healthcare. Latino immigrants are in particular need of healthcare, due to their inability to obtain insurance due to immigration status or migrant work. Approximately 10 million of the 46 million uninsured in America are immigrants, representing close to 15 percent of those without insurance.1 “Mexico is by far the leading country of origin for U.S. immigrants, accounting for a third of all foreign-born residents and two-thirds of Latino immigrants. The U.S. is the destination for nearly all people who leave Mexico, and about one-in-ten people born there currently lives in the U.S.”2 Certainly with such a great influx of this population into the US, it will be necessary for all healthcare providers, particularly coordinators such as physicians, to have an intimate understanding of the culture, language and epidemiology

This project will serve as a comparison between a private children’s hospital in the U.S., Children’s Mercy Hospital in Kansas City, Missouri and an analogous hospital in Mexico: Hospital del Niño Poblano in Puebla, Mexico. This project will help to highlight the typical epidemiology of disease in the population in children in Puebla, Mexico in comparison with that of Kansas City, Missouri. It will furthermore detail a qualitative comparison in quality of care and ease of access for patients.

Expected differences:
- Ratio of children to Physicians is much greater in Mexico
- Quality of care approximately equal
- Technology in Hospital del Niño Poblano, although advanced for Mexico, less advanced than US care at Children’s Mercy Hospital
- Insurance: Children’s Mercy is semi-private, plus state-grants help cover costs, whereas in Mexico small co-pay is only requisite
- Ambience of Mexican hospital tends to be more sterile; Children’s Mercy is more child-friendly

Background:
In the fall of 2007, I spent a semester abroad in Puebla, Mexico. Staying with a host family, I experienced the rich culture and warm hospitality of central Mexico. I traveled around the country, seeing the monumental cathedrals, dancing the historic dances and eating the savory cuisine. I will never forget that semester; it was monumental in focusing my life goals on serving the Latino population domestically and internationally and working in medicine as a physician.

During my time abroad, I was also fortunate to have an internship in several Mexican hospitals in Puebla—mainly IMSS and ISSSTE. Both hospitals are government run, and provide healthcare to certain populations under government regulation. In each hospital, I had hands-on experience with the healthcare system, often able to assist in surgeries, and help cast patients. I also witnessed much bureaucracy—hierarchies of patriarchal physicians, running an old and outdated system. It reminded me of physicians of America’s past—before healthcare teams and ideas of a medical home approach. Not only was the physician mentality outdated, but the technology was aged too. From basic hospital equipment—ECGs, stethoscopes or X-Ray readers—to the most powerful machines—MRIs or surgical machinery—everything seemed to be a decade or two behind its US counterparts.

This greatly contrasts my experience here in the U.S. Having shadowed at various hospitals around the country—namely Memorial Hospital in South Bend, IN, Shawnee Mission Medical Center, St. Luke’s and Children’s Mercy in Kansas City—I have certainly witnessed a great difference in the quality of care and overall atmospheres of the hospitals.

A recent article in National Geographic Magazine illustrated the huge scope of difference between Mexican and American healthcare; on average, the US spends $7,290 annually per patient, whereas the Mexican government spends only $823 per patient. Both a difference of available technology and healthcare infrastructure contribute to this difference. However, does this affect quality of care? Do American physicians make better diagnosticians because of the advanced technology? Alternatively, does this set them behind their Mexican peers, whose palpation and intuition may be more finely tuned without interference of instruments? During my time at Children’s Mercy and in Puebla, I hope to compare physician’s use of technology and other resources to compare how money is spent, and under what circumstances.

In my future career as a physician, I know with great certainty that I will travel around Latin America, to less developed countries, in order to serve that population and work towards a healthier world. I plan on participating in programs such as Doctors Without Borders, and serving the less fortunate around the world. These plans will be even easier to accomplish with my fluency in Spanish (I majored in Spanish at the University of Notre Dame), experience in travelling around the world (Mexico, Honduras, Puerto Rico, Belize and Spain), and diverse medical training at global hospitals.

**Description:**
This project will include two aspects: a quantitative comparison in the epidemiology between two comparable children’s hospitals: Hospital del Niño Poblano in Puebla, Mexico and Children’s Mercy Hospital in Kansas City, MO. There will also be a qualitative analysis of the availability and quality of care and technology available to the patients.

I chose two hospitals based on location, availability and familiarity with the sites. Kansas City and Puebla are similarly sized metropolises of about 2 million people. I volunteered briefly at the Hospital del Niño Poblano, and am familiar with a handful of doctors there. I also have some experience with Children’s Mercy and I am in contact with the intern coordinator to set up this experience.

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Both Hospital del Niño Poblano and Children’s Mercy are private hospitals and serve children regionally and nationally. They are both ranked as one of the best national children’s hospitals in their respective countries.

The first month of the project will be spent at Children’s Mercy Hospital in Kansas City, MO from June 1- June 25, 2010. With the help of CJ Hutto, the internship coordinator I am coordinating experiences with several doctors’ groups around Children’s Mercy. I will have the opportunity to see a variety of cases and work hands on alongside some of the best children’s physicians in the country.

The second month of the project, June 28-July 31, I will spend in Puebla, Mexico. I will stay with the same host family that I stayed with during the fall of 2007. In the Hospital del Niño Poblano, I will work with Dr. Cortes, learning the basics of the hospital and assisting her in basic procedures.

**Methods:**

I will assess data regarding basic diseases, quality of care and technology based on observation and consultation with the physician. After assisting the physicians in Kansas City and Puebla, I will review each day the basic diagnoses presented by the physician, and review the prescription, treatment and available resources for the patient.

**Coordinators**

Lisette Monterroso: *internship coordinator for Puebla*
During my study abroad experience, Lisette served as our group’s coordinator for our hospital experiences. I contacted her regarding this project, and she has put me in contact with several physicians at the Hospital del Niño Poblano

Lisette.monterroso.1@nd.edu

CJ Hutto: *director of the internship program at Children’s Mercy Hospital*
CJ and I are currently discussing options for working with several physicians at Children’s Mercy who would provide a similar experience to that in Puebla.

cjhutto@cmh.edu

**Advisor:**

Dr. Pam Shaw
Professor and Chief, Division of Ambulatory Pediatrics and Vice-Chair for Education

**Doctor**

Dra. Rocio Cortes

mrcortes@hotmail.com

**Hospitals**

Hospital del Niño Poblano


Children’s Mercy Hospital

[http://www.childrens-mercy.org](http://www.childrens-mercy.org)
Lodging
Laura Guerra Gomez: host family
The Guerra Gomez family has graciously offered to host me during the month of July.

Budget:

Plane Ticket Roundtrip from KC to Puebla: $~900 (TBD based on cheapest flight at time of purchase)

Taxis/Public Bus Transportation within Puebla:
(Bus: $2/day x 30 days) = $60
(Taxi: $40/trip x 2 trips to airport in Puebla) = $80 (no buses go to airport)

Other Expenses
Mexican Visa/Entrance Fee: $40
Room/Board in Puebla provided by host family (w/ $100 donation)
Food in Mexico/KC: $10/day x 60 days = $600
Gas KC: ~$60/month (drive to Children’s Mercy from home)

TOTAL: $1,940
Goals:
In the end, this summer experience would be just a stepping-stone to my future career path. As a future physician who will undoubtedly serve a very Latino population, I want to come to understand the epidemiology of the children who I will most frequently see in the clinic and at the hospital. Kansas City and Puebla are very similar cities in population and prosperity, and therefore differences in medicine and disease between the two countries should be evident.

Furthermore, working at some of the best children’s hospitals in the hemisphere—Children’s Mercy and Hospital del Niño Poblano—I will be exposed to the greatest quality of children’s medicine available in the respective countries. Understanding this high quality of care, and noting the differences will inevitably be useful in assessing need and disparity when working with various populations. We all want to serve our patients with the highest level of care, and must work with the resources we have been given. By comparing strategies of doctoring with varying degrees of technology and resources, I will be able to hone my skills of observation and ultimately be a more practical physician.

Finally, I personally want to continue to improve my Spanish language skills. Although I majored in Spanish, I want to improve my medical diction, and learn more medical cultural differences. This experience will be highly educational and invaluable to serve my future patients.

Bibliography:
