Executive Summary

TPG-IHA Senior Management Trade/Study Mission
January 25-31, 2014
Havana, Cuba

In January 2014, TPG International Health Academy (TPG-IHA) led a delegation of 19 healthcare executives to Havana, Cuba to better understand the Cuban healthcare system. In addition to learning about the healthcare system in Cuba, the group sought to identify potential innovative ideas that could be utilized within the United States healthcare system. This executive summary, produced by TPG-IHA, focuses on of some of the key components of the Cuban healthcare system as well as few innovative areas that excited the group that participated on this educational mission.

The over-arching lesson that was learned was scarcity can lead to innovation. Prior to 1959 and the introduction of the Castro regime's rise to leadership, healthcare was not accessible to the entirety of the Cuban population. One of the promises that was made by Fidel Castro was that healthcare would become a right for all Cuban people. Even with the inequities that existed, quality healthcare indices were quite high and were similar to those found in the United States.

The fall of the Soviet Union in conjunction with the U.S. embargo of goods and services created an environment were healthcare quality began to disintegrate. In noting this deprivation, Fidel Castro stated that healthcare needed to be a national focus of state planning. In 1976, healthcare was formally recognized in the Cuban constitution, which stated, "Everyone has the right to health protection and care. The state guarantees this right by providing free medical and hospital care by means of the installations of the rural medical service network, polyclinics, hospitals, preventative and specialized treatment centers; by providing free dental care; by promoting health publicity campaigns, health education, regular medical examinations, general vaccinations and other measures to prevent the outbreak of disease. All the population cooperates in these activities and plans through the social and mass organizations". As is noted in this quote, healthcare went from a centralized system to one that was based on regionalization.

The Cuban government operates a national healthcare system, which has both fiscal and administrative responsibility over health. This is a bit different than many of the countries that TPG-IHA has recently visited where the government maintains all or some of the fiscal responsibility but not necessarily all of the operational activities. All the healthcare services are government-run and are under the responsibility of the Ministry of Health.

The goal of TPG-IHA is to bring together senior healthcare executives across the healthcare spectrum. Most of those that participated in the Cuba mission, as well as past missions, have been concentrating their time and efforts in the disruptive healthcare environment in the U.S. associated with healthcare reform, including the triple aim of healthcare access, quality and cost. As that is the case, we ask each of the executives participating in the trip to contemplate how our host country is tackling these same issues. What we have found is that no matter how healthcare is financed or organized, all of the countries that we have visited are struggling to address one or more of these same issues.

Lessons Learned From Just 90 Miles Away

Although Cuba is one of our closest neighbors, it is a country that most of us know little about. What we found was a country of proud people that work hard with what little resources they have. This article highlights five areas that the group found to be of greatest interest.

1. Primary Care and Access to Care

Primary care in the United States is a struggling specialty. This is due to a number of confounding issues. This is not the case in Cuba. All physicians that train in Cuba first complete family practice training. They then practice as family physicians. Only after they have spent time as a family physician can they go on to get additional training as medical specialists.

Primary care in Cuba was revamped in 1959. Prior to that time Cubans needing healthcare went to the emergency room to receive that care. The restructuring of healthcare took the model from a centralized system to one that was more locally-based. People received their care from Policlinics that had multiple specialties but were not located in a hospital setting. This program was further reorganized in 1984 when healthcare at the community level was introduced. Family care clinics, which consisted of a physician and a nurse "resided" in the neighborhood. The Family Care Units then fed into the Policlinic where more specialized care could be received.

The care received through the family care clinics is based on the slogan "Prevention for Health". The system strongly holds the belief that self-examination and family care is the foundation for health. The staff of the family care clinic will either see the patient in the office or go to the patient's home. Many nurses that work in the family care units have training that are aligned with our nurse practitioner training. These nurses can give greater levels of care and are eligible to write prescriptions.

Preventative guidelines and guidelines for illness care are both followed in Cuba. Oversight of guidelines is done at the Policlinic level. Guidelines of care cover both nurse care as well as physician care. The person responsible for oversight of quality care evaluates the entire team. If re-education is needed, it is done at a peer-to-peer level. Although many of the guidelines are similar to the U.S., they are not exactly the same. Part of this is due to the lack of supplies. An example of this is mammography.

The only women that receive mammography are those who are symptomatic or are considered high risk.

The group visited a Policlinic during their stay in Cuba. The facilities were clean but the supplies were rudimentary at best. If a patient needed standard x-rays they were able to get that done at a Policlinic. For all other radiologic testing, such as a CT scan or ultrasound, a patient would need to go to the hospital.

2. Cost Transparency

The United States has recently begun a campaign to create greater transparency in healthcare costs as an attempt to make the patient more consumer-focused. This has gained further attention as patients are being asked to take on greater cost responsibilities.

Cubans do not pay for healthcare, but that doesn't mean that there is not a similar focus on price transparency for the Cuban healthcare consumer. During our group's visit to a Policlinic we noticed a list of healthcare costs in the waiting area. This type of price information is common in the family clinics, the Policlinics and the hospitals. The reason behind this cost transparency is to show the Cuban healthcare consumer what they are getting from their government. Some would say that this is similar to employers sharing price information with their employees so that they are aware of the value that they are receiving in addition to the desire for U.S. healthcare consumers to act more knowledgably and responsibly prior to seeking care.

3. Infant Mortality and Prematurity

The infant mortality rate in Cuba is similar to the U.S. at approximately 1.5%. What is more interesting is the fact that the rates of premature births in Cuba are lower than the U.S. The reason for this is a program that offers women at risk of prematurity higher levels of care through a residential program. This program began in 1960 when it was noted that many women had limited access to care as well as transportation issues during their pregnancies. If a woman's family physician feels that a woman is at risk for premature or other types of high-risk pregnancy, she is given a prescription, which allows her to enter a "pregnancy home" for the remainder of her pregnancy. Common reasons for residential care include infection, nutritional issues of both malnutrition and obesity, twins and diabetes. Once at the home, she will receive nutrition above what her normal food rationing would allow as well as other care as needed. She also receives education and support through the staff at the residential home. The women do not deliver their babies in the residential facility but in a hospital setting. They have found that this not only has reduced infant mortality and prematurity but also maternal mortality.

Not all women choose to enter this program, as they have to leave their families during this time. Most of the women that we met were quite young. Our group found the program quite interesting and innovative, as this is something that could be piloted in the U.S. with some variation.

4. Infection Control, Immunizations and HIV
In the not too distant past, infection was the number one cause of death in Cuba. The Cuban healthcare system has changed this and, in fact, the major causes of mortality in Cuba are similar to that of the Untied States and other countries. Cuba has the same challenges and issues with non-communicable diseases as the rest of the world.

The downfall of the Soviet Union and the U.S. embargo has created a situation where immunizations have also become scarce. Being resourceful, the Cubans began to develop their own immunizations. However, getting the reagents and other supplies for development continues to be a challenge. Cuba now develops and produces a number of vaccines for both Cuban consumption as well as use in other countries. Cuba has partnered with a number of countries with high populations of people of Muslim faith in order to produce vaccines that are "hallal". Their facilities are state-of-the-art for all types of vaccines including a ground-breaking lung cancer vaccine for treatment of patients diagnosed with lung cancer.

Over the last few years the United States has seen a drop in individuals that are appropriately vaccinated due to fears of side effects and complications. This has created an environment where we are seeing an increase in communicable diseases that previously did not occur here due to immunizations. The U.S. healthcare system has tried to remedy this through a number of activities including increasing coverage and decreasing patient out-of-pocket costs. Due to the public health focus, Cuba has not had this issue. Children are immunized through a combination of the primary care clinics and the school system. This has created an enviable situation of almost 100% immunization rate. This immunization rate has supported the decrease in communicable diseases within Cuba.

HIV/AIDS is an additional area of success in the area of infectious disease control for Cuba. For a long time, Cuba gained a somewhat negative reputation on how they dealt with the AIDS epidemic. Cuba chose to centralize their HIV and AIDS care. Beginning in 1986, patients with the condition were mandatorily placed in a residential facility for care. To many, this felt more like incarceration than care. This type of sanatorium-like care was discontinued in 1993. What has occurred since that time tells an interesting story. Although people with HIV/AIDs are not required to live within a sanatorium system, many choose to do so by their choice. This is due to the emotional and healthcare support they get within that system. This centralized system for HIV and AIDS care did create a system where adherence to the medication therapies associated with AIDS was much higher than we found in the U.S. This centralized system was similar to the U.S system of treating tuberculosis a number of years ago. The policy of HIV and AIDS treatment is now decentralized and mandatory long term residential stays are no longer utilized.

Cuba has created a national social and marketing campaign educating the population in regards to HIV, AIDS and safe sex. Although the Catholic Church still remains a significant resistor, many other religious organizations have worked closely with this branch of public health. In addition to the religious community, the HIV and AIDS educational system works with the school system. Sex education and safe sex are

taught through age-appropriate programs starting early within the school system. HIV testing is voluntary, with the exception of pregnant women. Overall, the Cuban national system of HIV and AIDS education and treatment has shown significant measures of success.

5. Healthcare as a Revenue Producer

As stated earlier, medical supplies are scarce in Cuba due to the fall of the Soviet Union (which accounted for 80% of their trade) and the U.S. embargo. One resource that Cuba has in great supply is manpower. Cuba has created an educational system that creates large numbers of healthcare professionals. These doctors and nurses do not pay for their education, but are asked to give back to the Cuban system. In some cases, this means giving care in rural areas that do not have appropriate healthcare resources. In other cases, it means to going to other countries to give care to the underserved. Cuba supports healthcare to over 100 countries in the world. In fact, Cuba has one medical school that supports non-Cuban students that then return to their home countries to support the underserved.

The lesson learned here was that when other sources of revenue come to an end, Cuba finds a successful new form of revenue.

Conclusion

This inaugural trip to Cuba for TPG-IHA was considered a success across the board. The group was able to dismiss many of the myths that we all held about this small island country, just 90 miles from our shores. That is not to say that everything that we learned regarding the Cuban healthcare system is transferable to the United States. What we did learn is that flexibility and resiliency are cornerstones of the Cuban healthcare system. Even with all of the financial and organizational differences between our two countries, there are lessons we took away from a country that has made primary care and prevention the foundation of their healthcare system.

TPG International Health Academy (TPG-IHA) develops and conducts trade/study missions for senior U.S. healthcare executives. Founded in 1993, the Academy travels to different countries each year with the intent of fostering intellectual and cultural exchange. Having gained a greater understanding of the global healthcare marketplace, delegates are able to benefit from and implement new strategies for improving healthcare. TPG-IHA is a member of the TPG Family of Companies.