Diverging Models of Care: Evaluating Healthcare Quality and Efficiency in the U.S. and Bolivia

TBIOMD 490/91

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Research Question

How does the quality and effectiveness of healthcare differ in Bolivia compared to the United States of America?

Background

As a former medical scribe, ongoing beneficiary of healthcare services in the United States, aspiring physician, and current volunteer of multiple healthcare facilities, I have grasped an understanding of what America's healthcare system looks like and how services are delivered to our community. However, this differs between countries around the world. I sought an opportunity to broaden my perspective on healthcare delivery, deepen my understanding of health disparities, and explore how cultural, economic, and systemic factors influence patient care in a foreign country.

Bolivia	United States
Population: 12,555,689 [1]	Population: 364,989,836 [2]
37 hospitals [3]	6,093 hospitals [4]
15,500 physicians [5]	1,109,460 physicians [6]
Current health expenditure per capita: $307.14 [7]	Current health expenditure per capita: $12,434.43 [7]

Table 1: Comparison of key healthcare indicators between Bolivia and the US

Map of Bolivia in South America [9]

Alex and I in front of
Nestor Paz Zamora (Primary Level)

Hypothesis

While Bolivia's universal healthcare system has expanded access to care, economic limitations and provider shortages may contribute to longer wait times and a lower quality of care, particularly when compared to healthcare provided in the United States.

Me in front of Hospital
San Juan De Dios (Tertiary Level)

Methods

Participate in Child Family Health International's program and travel to Tarija, Bolivia

Week 1: Community Clinic Observation
Centro de Salud Nestor Paz Zamora

Weeks 2 and 3: Tertiary Hospital Shadowing
Hospital San Juan de Dios (Obstetrics, Urology, Surgery)

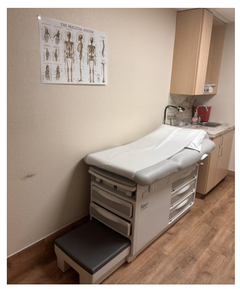
Cross Cultural Comparison
MultiCare Emergency Department, Lacey Family Clinic

Reflection and Analysis

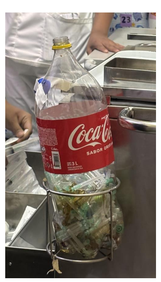
Primary Level Hospital	Tertiary Level Hospital
• First point of contact for medical care • Prevention, wellness, and common illness • Primary care providers	• Highest level of care • Handles complex cases • Equipped with the most advanced technology • Highly specialized staff

Table 2: Comparing primary level care versus tertiary level care

On our door-to-door adventure
with a medical student and nurse to
administer vaccines



One of the exam rooms at
Lacey Family Clinic (Primary Level)



Soda bottle used as
sharps container

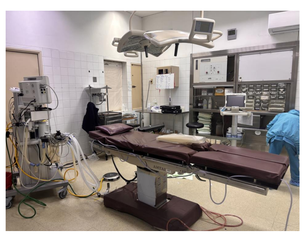
Specialty Observed	Duration
Obstetrics	4.5 hours
Urology	18 hours
Surgery	22.5 hours
Family Medicine	20 hours

Table 3: Specialties and how long I spent shadowing while studying abroad in Tarija, Bolivia

Observations

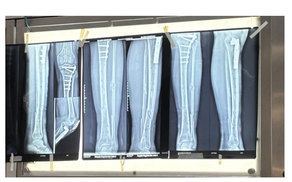
- **Convenient Public Resources**
  - Public Health Education Fair
  - Door-to-door vaccination & nutrition supplement delivery
- **Lower Sanitation Levels**
  - Reusing resources
  - Infrequent disinfection
- **Low Quality Facilities and Equipment**
  - Rusty beds & damage to infrastructure
  - No toilet paper provided in restrooms
- **Outdated processes**
  - Handwritten notes
  - Hard copies of radiology imaging
- **Other differences**
  - Ambulances only transport and do not aid patients

Medical supply carts at Hospital San Juan De Dios



Operating room at Hospital
San Juan De Dios

Room where expecting mothers
had their contractions measured



X-Rays posted in the operating room
for reference during surgery

Individual files with medical history
and written notes

Sexual education materials
presented at the public health fair
(birth control methods, anatomical
models of male and female
reproductive systems, and
educational pamphlets)

Main Takeaways

- Bolivian citizens overall receive a lower quality of healthcare compared to American citizens, largely due to economic limitations and a lower health expenditure per capita.
- Inefficient record-keeping methods reflect limited access to newer technologies and challenge the efficiency of care.
- Despite resource constraints, healthcare workers demonstrate a strong commitment to advocating for their patients.
- Outreach efforts aim to keep informed about preventable diseases and educated on a wide range of health conditions.

Future Direction

- I developed cultural humility, which will help me effectively engage with individuals from diverse backgrounds.
- I better understand health disparities which will help me recognize and advocate for better care in my own community.
- I was able to work through language barriers by finding other ways to communicate with people around me.
- I strengthened my passion for healthcare and love advocating for better health systems; I know this is my purpose in life and I am exactly where I am supposed to be.

The urologist and residents we
shadowed
during a surgery

Me and my fellow classmates
before surgeries

American and Bolivian flag [10]

Getting my blood pressure taken at
the public health fair

Acknowledgements

A big thank you to everyone who helped me along this journey including Professor Leighann Chaffee, my host family, the physicians and providers I worked with in Bolivia, CFHI coordinator, my Spanish teacher, and fellow classmates.

References