

Supplemental file: Implementing Sustainable Primary Health Care Reforms: Strategies from Costa Rica

Lauren Spigel, Madeline Pesec, Oscar Villegas del Carpio, Hannah L Ratcliffe, Jorge Arturo Jiménez Brizuela, Andrés Madriz Montero, Eduardo Zamora Méndez, Dan Schwarz, Asaf Bitton, Lisa R Hirschhorn

APPENDIX

Table A. Role of EBAIS team members

Core EBAIS Team	
Team member	Description of role
Doctor	The primary responsibility of the doctor is to have consults with patients, diagnose and treat them. Doctors also enter data in the electronic medical record and coordinate with REDES and ATAPs to schedule appointments with patients and find patients who have missed appointments.
Nurse Assistants	Nurse assistants do pre-consults with patients, give educational sessions to patients about healthy lifestyles, and call patients to follow up about missed appointments.
ATAP	ATAPs, which stands for <i>Asistente Técnico en Atención Primaria (primary care technical assistants)</i> , are community-level health workers that do home visits. During the home visits, they fill out the <i>ficha familiar</i> (family form), vaccinate people, provide follow-up care to high-risk patients, and refer patients to EBAIS clinics. They also understand their community at a deep level and know how many pregnant women there are, how many children under five, who is at high risk of medical decompensation, etc. They educate community members about maintaining a healthy lifestyle.
REDES	REDES, which stands for <i>Registros Estadísticas de Salud</i> (Health Statistics Records), are medical clerks, responsible for entering patient data, managing all patient records, data and registration. They also schedule appointments with patients.
EBAIS Support Team	
Team member	Description of role
Pharmacist	Pharmacists distribute medicine and occasionally teach patients about adhering to treatment.
Social worker	Social workers do home visits and refer patients to state institutions when necessary. They also organize health fairs as needed by the health area.
Nutritionist	Nutritionists meet with patients with nutritional needs and focus on counseling and patient education.
Orthodontist	Orthodontists meet with patients about their dental health.

Table B. Fidelity of the PHC model in urban settings

Fidelity issue	Description	Illustrative quote
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Too many patients per EBAIS	Urban EBAIS clinics serve hundreds to thousands more patients than intended. This makes it difficult to carry out their intended role of health promotion and prevention.	<p><i>“Because if you assign 8,000 people to an EBAIS, you’re going to start having a line every day – only with people with acute and communicable problems that you have to attend to. It won’t give you time to see the hypertensive and diabetic patients. In fact, some EBAIS that are saturated only see hypertensive and diabetic patients and when someone sick comes, they say no, you have to go to the emergency room. No, that is not comprehensive care. That is nothing.”</i> (CCSS Stakeholder)</p> <p>In clinics with too many patients <i>“they are [only] dedicated to consults [for acute issues], nothing more. Nothing about promotion, nothing about prevention. There is no relationship or a link with the community.”</i> (Health Region Stakeholder)</p>
Home visits difficult	ATAPs are unable to fulfill role of reaching patients at home because patients tend to work during clinic hours, are mobile, and have access to private clinics.	<i>“In the metropolitan area, it’s really difficult. Here we have 40% of houses that are closed because the majority of people work, so we ring the doorbell and they don’t open the door for us. Also because there are dangerous areas, we arrive and they don’t open the doors.”</i> (Health Area administrator)
Co-location of EBAIS with secondary and tertiary care services	Lack of available infrastructure led to centralized and co-located EBAIS teams, resulting in diminished doctor-patient relationship.	<i>“[In] very populous large areas...the primary and secondary level is in the tertiary level. Terrible, what confusion is generated in the community! That community has no primary care.”</i> (Former CCSS Director)