Pro-Bono Healthcare in a Socialized System: La Carpio, Costa Rica

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Abstract

The present work highlights the Leadership in Action project completed by Alfonso "Rico" Chan through the support of the Laidlaw Scholars Programme. The scholar collaborated with La Clinica Carpio, a neighborhood clinic serving San Jose's most underserved community since 1995. With the appropriate permissions of all involved parties, novel public health statistics were produced from the clinic's records. Results emphasize the clinic as an invaluable resource for patients seeking non-emergent care, especially for those without access to the socialized healthcare system of Costa Rica.

Introduction

Since 1970, economic uncertainty, violence, political instability, and natural disasters have driven many Nicaraguans (among other groups) toward other Central American nations. Costa Rica has continuously served as a place of refuge for displaced migrants. Barriers preventing migrants from acquiring Costa Rican citizenship, however, led many to establish their own communities at the edges of metropolitan centers.

La Carpio began as a squatter community for Nicaraguan migrants in the 1970s and grew to accommodate a larger population. With time, what was once dirt roads and basic structures evolved into paved streets packed with brick and metal constructs. La Carpio developed with minimal government oversight and eventually became an unofficial, impoverished appendage of San Jose. La Carpio is now home to about 35,000 residents within 23 square kilometers, all of which exists without land titles or governing residential bodies. La Carpio is positioned between a major highway, San Jose's trash disposal, and water treatment facility. With these considerations, La Carpio and its community are regularly underserved by public resources that remain inaccessible to many.

From recognition of Costa Rican public systems' inaccessibility came the initiative of Ms. Susan Grosser and Dr. Egle Frugone to provide healthcare resources to La Carpio. La Clinica Carpio began as volunteers in church pews who found unique ways to support medical necessities of the community. The pop-up clinic's success gradually invited more personnel to broaden its capacities with occasional gynecological and dental resources. The group eventually began first-aid education and mentorship for those aspiring to become healthcare professionals in the community it served.

With regard to the clinic's operations, La Clinica Carpio serves those without citizenship or Seguro Social, the Costa Rican healthcare insurance required for non-emergent medical care. Individuals seeking care with access to sufficient Seguro Social are directed to the nearby government clinic. La Clinica Carpio charges a flat fee of about $25 to all patients, independent of the medications they are provided (which often amounts to be worth hundreds of dollars). A large proportion of patients seen by the clinic can waive the flat fee. La Clinica Carpio is largely supported by the donation of medications from local facilities and financial assistance provided through Christ for the City, International. As many as 40 patients may be seen in one day, each of whom receives medications tailored to their present illness.

La Clinica Carpio is staffed by two physicians (currently a pediatric neurologist and general surgeon), three nurses (two coordinators, one acting as a pharmacist), and one general manager. In addition to the aforementioned fundamental crew, a physical therapist and dentist provide weekly specialty services. Additional specialists, like gastroenterologists or gynecologists, make regular visits depending upon circumstances. The medical director and manager are the same two providers who started the clinic in the 80s; some of the nurses currently working at the clinic began their careers as early students of the clinic. La Clinica Carpio is evidently an indispensable resource as its mission is carried forward by the population it has faithfully served for more than 30 years.

Project

My role in the clinic was multi-faceted as I contributed to both daily and long-term initiatives. To better understand how the clinic functions, I assisted the intake and processing of patients every morning. I quickly recognized common conditions and concerns through the conversations I held with each patient. It was immediately evident that most patients were seeking care for non-emergent conditions (especially chronic illnesses) that would otherwise not be seen by providers under Seguro Social. By listening to the patients' brief stories and concerns, I slowly became a familiar face to the community.

My largest responsibility was the collection, organization, and distribution of medications in the clinic's pharmacy. The vast collection of donated medications enabled physicians to provide effective care, especially for those who would not be able to afford the medications otherwise. During my time in La Carpio, the nurse who previously staffed the pharmacy left to visit family in Nicaragua; this left me alone to oversee all pharmaceutical operations. Responsibility over the pharmacy proved incredibly challenging not only because of the expansive inventory, but also because of the novelty of the clinic's operations and unfamiliarity of many medication names in Spanish. With time, I was able to keep up with the pace of patient care and uphold my responsibilities within the clinical team.

Finally, my lasting contribution to the clinic was my project involving generation of public health statistics. Although La Clinica Carpio converted from paper records to an electronic charting system in 2011, clinic personnel did not fully understand the system and all its features. I successfully designed a method to collect patient data, including chief complaints and prescribed medications. All methods were thoroughly documented for utilization by clinic personnel in step-by-step directions and have already been utilized by others. Findings were summarized in graphics to be used by La Clinica Carpio.

Methods

Chief complaints from 5 year periods were collected from an electronic patient database with approval of all involved parties. Entries were screened and homogenized to account for typos, synonyms, etc. Chief complaints were all placed under broader categories. Prescribed medications were similarly exported and organized, accounting for repeated entries. "Prescriptions" like "dieta y ejercisio" were excluded.

Results

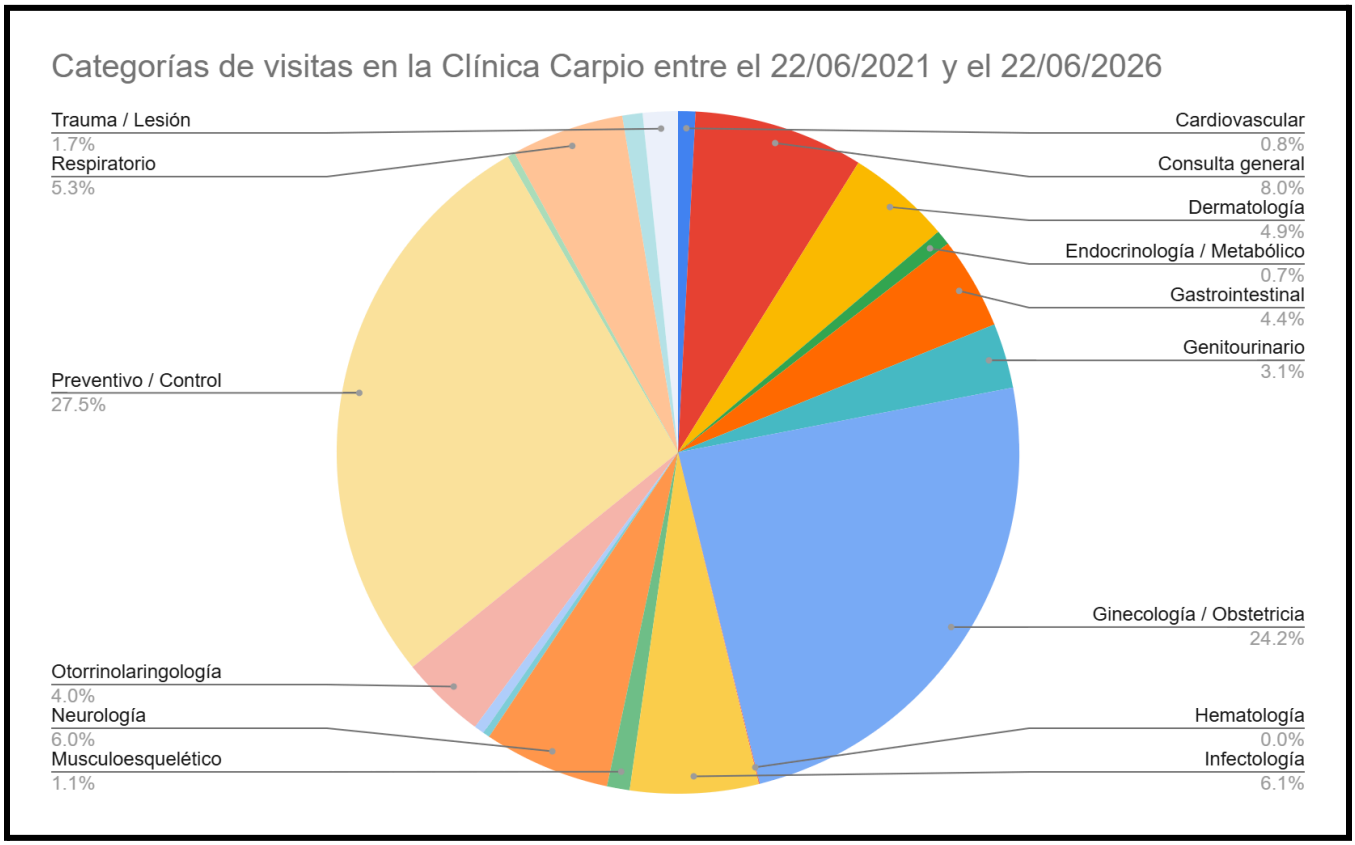

Figure 1. General composition of chief complaints for La Clinica Carpio patients between 6/22/2021-6/22/2026. A total of 10353 patients visited during the selected five year period. The chart demonstrates the largest proportion of chief complaints involved preventative care or control of chronic conditions (27.5%), followed by obstetric and gynecological care (24.5%) and general consults (8.0%). Note "control" refers to patients seeking care for conditions such as hypertension.

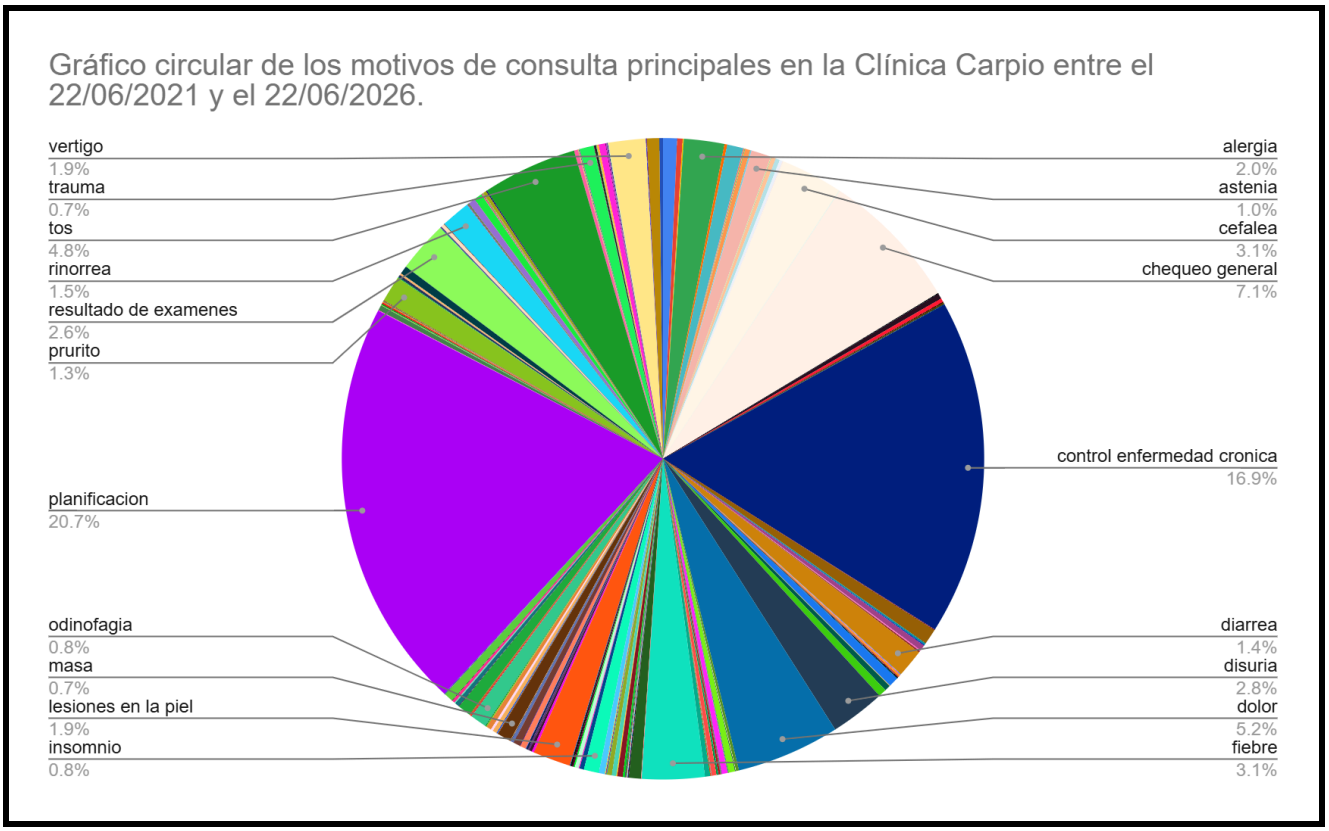

Figure 2. Specific composition of chief complaints for La Clinica Carpio patients between 6/22/2021 - 6/22/2026. A total of 10353 patients visited during the selected five year period. The chart illustrates the relative proportion of chief complaints or reasons for patient visits to La Clinica Carpio. Family planning composes the largest majority (20.7%), followed by care for chronic conditions (16.9%) and general checkups (7.1%). Note that "control enfermedad cronica" did not refer to all chronic conditions (i.e. hypertension), but was utilized by some physicians to describe complex chronic conditions.

Recetas dadas en los últimos 5 años (25/06/2021 - 24/06/2026)		
Medicamento	**Recetas**	Total
Metformina	2757	63095
Acetaminofen	2481	
Ibuprofeno	2213	
FAMOTIDINA	2200	
Multivitaminas con minerales	2082	
diclofenaco	1916	
Irbersartan	1812	
Hidroclorotiazida	1796	
DEXAMETASONA	1348	
Aspirinita	1212	
TUMS	1176	
CLORFENIRAMINA	1129	
prednisolona	1091	
Desloratadina	1071	
Insulina NPH	1071	
Enalapril	1019	
Atenolol	981	
Mesigyna	973	
Insulina Cristalina	954	
Amlodipino	921	

Table 1. Table of top 20 most commonly prescribed medications between 6/25/2021 - 6/25/2026. A total of 63095 prescriptions were recorded during the five year period. Results demonstrate significant breadth to the type of medications regularly provided by the clinic.

Discussion

Results confirm observations regarding the high incidence of patients seeking care for chronic conditions at La Clinica Carpio. As illustrated in Figures 1 and 2, 27.5% of patients sought preventative care or control for chronic conditions while 16.9% of patients pursued general chronic care. The high prevalence of patients seeking chronic care is further illustrated by the most commonly prescribed medications, which include daily hypertension or blood sugar control medications such as metformin, irbesartan, and insulin (Table 1). These results strongly align with the clinic's role with relation to the larger Costa Rican healthcare system. For patients without citizenship or a job that enables access to the social healthcare system, preventative and chronic care are relatively inaccessible. Resources like La Clinica Carpio are therefore primarily utilized by such communities for the pursuit of non-emergent healthcare.

A similarly large proportion of patients sought gynecological or obstetric care. Figure 2 demonstrates that over the five year period, 20.7% of patients at La Clinica Carpio sought family planning resources. 24.2% of patients' chief complaints involved gynecological or obstetric concerns (Figure 1). These results were surprising given the Costa Rican healthcare system's inclusive policies regarding expecting mothers and related care. Despite greater accessibility to public healthcare services, a significant patient population still sought care at La Clinica Carpio. These findings may be explained by the relatively cheap (or free) medications provided by La Clinica Carpio as patients at a public institution may be expected to undertake greater costs. Additionally, La Clinica Carpio's strong connection to the community it serves and adjacent resources may provide further incentive for patients.

Given the low, indiscriminate cost for each paying patient (the number of paying patients is significantly less than the total number of patients seen) and the medications prescribed over the observation period, one may easily recognize the cost deficit incurred by La Clinica Carpio. Discussion with the clinic coordinator revealed that patient contributions cover personnel salaries and appliances for the clinic. Medications, alongside almost all other operations, depend upon donations from nearby facilities and benefactors.

Reflection

I am largely impressed with my performance and growth in character following my work in Costa Rica. I arrived in Costa Rica without knowing anyone, holding only the phone number of the family I was arranged to stay with. Within my first week, I realized that my success would depend upon my ability to be outgoing, friendly, and inquisitive. This proved difficult as everything, especially the community, was unfamiliar to me. I slowly found ways to connect with those around me, however. Clinicians I worked with enjoyed hearing about my experience as an EMT. My peers at the community center also drove motorcycles and were delighted to hear about my experience with motorbikes. I worked connections from my university to find other students. Friendships quickly grew after I put myself out there, creating a spark that fueled many relationships. As I sang my heart out alongside friends in a karaoke bar on my last night, I recall being impressed by the people I met and grateful for the opportunity to know them.

Several challenges limited project progression. Firstly, my Spanish-speaking skills had been previously underutilized. The last time I spoke somewhat fluent Spanish was highschool, making this experience the first time in almost four years. Even after becoming accustomed to my environment, I struggled to recall grammar and vocabulary I had previously learned. Although I quickly regained familiarity with the language, self doubt persisted in the quality of my speech.

Technical difficulties with my laptop created the greatest challenge for me. After my laptop broke within the first week of my arrival, I was rendered unable to analyze acquired data and continuously seek feedback. Instead, I was forced to find valuable time during which I borrowed others' devices. My device failure also prevented me from studying Spanish or working on other projects in my spare time. This setback, however, forced me to take on a larger role in the clinic's daily operations and eventually oversee the pharmacy on my own.

With regard to developing a global mindset, this experience demonstrated the significance of understanding the communities one serves. Many place great emphasis on "serving where one is most needed," but I learned through the people I met that truly connecting with those one serves is equally important. I met a group of Americans who travelled to Costa Rica as a mission trip. While their intentions and callings were admirable, they held very little knowledge of the language, cultural differences, and practices inherent to those they served. What was supposed to be an impactful journey quickly became "poverty tourism" that produced unfavorable interactions. With their example in mind, I recognized my role within the clinic and community, resulting in greater impact, lasting memories, and outstanding relationships.

I will forever carry my time with La Clinica Carpio close to my heart. From the patients to clinicians, all community members upheld inspiring stories and strong character. I was continuously amazed by the tenacity of the clinic director, Susan Grosser, who even in her late age still provides so much for the community of La Carpio. From her work at the clinic to home visits and afterschool tutoring, Ms. Grosser exemplified a life dedicated in service to others. Her model for leadership has enriched my passion for healthcare, and I am forever grateful for the opportunity to work alongside her.