

A Review of the Cuban Health System Policlinico

Colleen Marzilli

Assistant Professor

cmarzilli@uttyler.edu

903.571.4739

Abstract: It is fascinating to evaluate the health system of Cuba. In a time when the world as a whole is struggling with how to meet health needs and improve health outcomes around the globe, lessons can be learned from each country. Cuba presents a unique perspective related to meeting the health needs of its people, and through this review of the policlinico, these are discussed.

Keywords: Cuba, health, health outcomes

1.1 Introduction

Cuba is an island country isolated from external influences because the political environment within the country restricts communication (Cuba Government, 2011). Despite these considerations, Cuba's healthcare system boasts excellent patient outcomes and programs, and these are favorable to eradication of vaccine preventable diseases, improved maternal mortality rates, and improved infant mortality rates (Keon, 2009).

Observations of several health programs were gathered through first-hand observation while visiting Cuba on a public health delegation to the capitol city of



Havana. Observations consisted of visiting several healthcare facilities, including the policlinico. A discussion and review of this facility is provided.

2.1 Policlinico

An important structure of the Cuban Health Care system is the policlinico. To explore this structure, a policlinico in old Havana was visited. The delegation visited with the medical director, other physicians, the epidemiologist, and nurses, including a nurse focused on sexually transmitted diseases. The policlinico is a unique structure that embodies a family physician's office, multi-specialty group, public health clinic, and a hospital. In Cuba, the policlinico resembles somewhere between what would be considered the family physician and the hospital. The policlinico physicians are responsible for visiting the family physician's offices within their region. Each policlinico services approximately 16 family physician offices and the policlinico physicians make rounds on the family physician's offices.

During the visits, the policlinico physician and the family physician discuss their shared patients and needs for each patient. The policlinico is responsible for ensuring that the patients receive the appropriate therapies, including occupational therapy, physical therapy, massage therapy, magnet therapy, and other complementary and alternative therapy modalities. After a presentation from the policlinico physician, the delegation toured the policlinico and accompanied the policlinico physician on walking rounds to visit several family physicians' offices and the therapies office, which include physical, occupational, and complementary and alternative therapies. The delegation interviewed physicians, nurses, and other therapists.



3.1 Strengths

The policlinico process oversees a comprehensive Cuban clinic system that operates within the public health system to provide medical care to all. The policlinico processes operate, in essence, as a multi-specialty clinic with physicians such as general practitioners, dentists, sexually transmitted infection nurses, X-ray services, and screening services such as cardiac echocardiogram, ultrasound, and electrocardiogram.

Each policlinico oversees the practice and care provided by several family physicians. The process of delivery of care is that policlinico physicians complete walking rounds in the community and visit each family physician's office. As the policlinico physician walks around the community, the physician is able to engage with the community and people. The policlinico physician is respected by community members that inform him/her their health concerns and the concerns about neighbors or other community members.

The nurses of the policlinico act in a professional nursing capacity by assessing nutritional problems. They also assess vaccine adherence, and the growth and development of children. Policlinico nurses provide education and training to parents regarding proper nutrition, child-rearing, parenting, and vaccination compliance. The policlinico nurses provide care that is based in prevention and hygiene care.

In the United States, there is not a corresponding model to the Cuban policlinico process where physicians make house calls. Typically, the only physicians that make house calls in the US system are concierge physicians, and the



fee associated with this type of practitioner is cost prohibitive to most citizens and families in the US.

4.1 Discussion

The network of policlinico facilities provides comprehensive, community based public health care and is not available in other countries, like in the United States. This may be an intervention that contributes positively to the overall health and longevity of Cuban citizens. The focus of physicians rounding on community members easily identifies women and children needing prevention, promotion, or other public health interventions.

When attempting to improve the health of the world, such an intervention may be worth pursuing outside of Cuba. Perhaps the United States would benefit from a more community-based approach to medicine and health care. This option may be better suited to smaller communities where the citizens are more connected, or this model might suit an urban area where health care providers could walk around and observe those potentially in need of health care.

It is important to consider that any country should consider differences between citizens and culture that might contribute to the success of a health intervention like the policlinico. There may be cultural differences that would shape the possibility of success or failure for the policlinio. Governmental and economic factors may also be an underlying factor for success in the policlinico model, and all of these factors would need to be explored.

5.1 Conclusion



It is important to look at how countries address health and the health care of their people, and Cuba offers a perspective and intervention different from other countries. The success of the policlinico, while a success in Cuba, may be work considering for other countries like the United States, but it is also important to consider cultural, economic, and governmental factors that may be incompatible with a model like the policlinico.

Health care professionals including health policy experts may benefit from further exploration of the policlinico model as an opportunity to improve health and health outcomes within a community or country. It is recommended that a more exhaustive evaluation of the policlinico model

References

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