

Los Angeles Times

SIMNSA Press

THE NATION; Healthcare Is Migrating South of the Border; California employers are steering Latinos to Mexico, where care is less costly but uneven.; [HOME EDITION]

Richard Marosi. Los Angeles Times. Los Angeles, Calif.: Aug 21, 2005. pg. A.1

(Copyright (c) 2005 Los Angeles Times)

Thousands of Latinos who live near the border are taking advantage of a benefit increasingly offered by their U.S. employers: cheaper healthcare in Mexico.

About 160,000 California workers -- farm laborers as well as working-class Latinos employed at hotels, casinos, restaurants and local governments in San Diego and Imperial counties -- are getting their annual checkups and having surgeries through health networks south of the border, insurers say.

The arrangement is cheaper for both employers and employees. In Mexico, healthcare costs are about 40% to 50% lower than in California, freeing some employers to offer services that they couldn't otherwise afford.

"It's a win-win situation for me. I'm able to offer it to everybody, and my premiums went way down," said Mark Holloway, part owner of a department store in Calexico, Calif., who said he couldn't afford health insurance for his 50 employees until he enrolled them in a cross-border plan.

He said he can sign up several employees, each at about \$100 monthly, for about the same price as one employee in a U.S. plan.

Employees enjoy lower premiums and co-payments, typically \$5, and the comfort and convenience of describing their aches and pains in Spanish to doctors who, they say, tend to take more time with them.

"The rate is good, the service is good," said David Ouzan, a city councilman in Calexico, where about a third of the city's workers use dental and medical clinics in Mexicali, just across the border. "I myself have used dentists in Mexico."

Still, the trend has generated some misgivings among doctors and consumer advocates north of the border.

Some worry about the quality of care in Mexico and limited regulatory control.

Others say the cross-border plans represent a sad commentary on the limited access that immigrants and the working poor have to treatment in California.

They represent a "positive turn of events for cross-border health coverage ... but are another reminder about how sick our health system is in the U.S.," said Dr. Robert K. Ross, president of the California Endowment, a healthcare philanthropy.

Mexico has long been a low-cost alternative for thousands of people -- many of them uninsured -- who price-hunt among clusters of storefront clinics and small hospitals in Tijuana and Mexicali for treatment they can't afford in the States.

And some cross-border health plans have operated since at least the 1950s, when Imperial Valley farmers started offering coverage to migrant workers.

But the emergence in the last five years of cross-border HMOs, which must be licensed by the state of California, signals the growing acceptance of Mexican doctor networks by mainstream employers and insurers in the United States.

HMOs Cover 36,000

So far, three HMOs, two in the U.S. and one in Mexico called SIMNSA, are providing coverage for employees of California companies, covering 36,000 workers and their dependents, according to statistics provided by the insurers. About two-thirds of those employees are covered by the U.S. insurers, Blue Shield of California and Health Net Inc. (Health Net enrollees can access clinics on either side of the border.)

Since 2000, the number of nonagricultural employers in California offering such health plans has jumped from 165 to about 700.

Employee enrollment in farming association-sponsored plans in Mexico is far greater, though, reaching about 124,000, according to the plans. Though these are not HMOs, they rely on networks of Mexican doctors and hospitals.

Enrollees are typically Mexican citizens legally employed at U.S. companies, either living in Mexico or in the U.S. Many earn only \$5 to \$7 an hour and could not afford U.S.-based plans. But others are Mexican Americans, some of them in executive-level positions.

"Employers are really surprised a bit by the quality, the cleanliness," said Peter Duncan, a vice president at Blue Shield of California, whose cross-border program is called Access Baja. "Often they had visions of squalor. It isn't Cedars-Sinai. But they find that the basic quality of care is really there."

Mexican facilities that are part of HMO networks serving U.S. companies are audited by the HMOs themselves for sanitary conditions, infection control policies and staff training levels, as required by the California Department of Managed Health Care. They are not directly evaluated by state regulators. Physicians must be licensed in Mexico and maintain a good standing in the medical community.

Still, some medical experts are concerned about what they describe as a wide variation in quality south of the border.

Though comparing the two systems, with their differing standards and philosophies, is difficult, doctors on both sides of the border say the Mexican regulatory system is lax, and doctor training not as rigorous as in the U.S.

In Mexico, doctors typically need six years of schooling; in the U.S., a physician's education can take eight to 11 years, including college, medical school and possibly a residency training program.

"High-quality [healthcare] does exist in many places," said Dr. Michael Rodriguez, a UCLA professor familiar with the border region, but "sometimes there are places that you'd wonder whether you would want to take a dog for treatment, let alone a person.... My guess and my hope is that HMOs are very [discriminating] who they work with."

Some consumer advocates say the audits done by HMOs themselves potentially create a conflict of interest. And they note that when complaints surface, the state may not have the jurisdiction to thoroughly investigate them. Mexican doctors, for instance, are not subject to regulation by the Medical Board of California.

Medical care in Tijuana, however, has generally improved since 1991, when Mother Teresa fell ill there and had to be taken to San Diego for treatment, said Patricia Aubanel, a U.S.-trained cardiologist who has performed heart surgeries in both countries.

Disreputable clinics touting miracle cancer cures or cut-rate cosmetic surgery still draw thousands of Californians, but a cottage industry of modern clinics and hospitals has developed in recent years that treats ailments ranging from colds to heart disease.

Insurers, employers and many border medical experts insist that the Mexican plans offer an acceptable level of care to a population that prefers healthcare in Mexico, even when offered plans in California.

But for some Latinos along the border, any plan is an improvement.

They are more likely to lack health insurance than any other demographic group, according to the National Hispanic Medical Assn., and one of the draws of these cross-border plans is that they are a bargain.

Monthly premiums average about \$100 for individuals and \$350 for families in Blue Shield of California's Access Baja plan. By contrast, the average monthly premium for California HMO plans was \$261 for singles and \$721 for families, according to a 2004 survey of employers by the California Healthcare Foundation.

Cross-border programs "seem to be fulfilling an important need, providing quality ... healthcare services for very specific populations," said Eva Moya, executive director of the U.S. section of the U.S.-Mexico Border Health Commission.

Most cross-border enterprises function like California healthcare plans. Enrollees choose a doctor in Mexico for routine care. In emergency or urgent-care situations they can go to the nearest hospital or clinic in CA or Mexico.

Participating employers include San Diego County's landmark Hotel del Coronado, several manufacturing companies and retailers, and local governments such as El Centro's Central Union High School District.

In Mexico, some medical offices brim with state-of-the-art equipment. Hospital signs direct patients in English and Spanish. Physicians in those offices say many of their colleagues boast degrees and training from top universities in the U.S. and Mexico.

Tijuana's rapid population growth has fueled a mini-boom in hospital construction, drawing well-trained doctors from Mexico City and the U.S., say experts in both countries.

Technology Compared

Many facilities' technology is comparable to that in the U.S., said Dr. Jose Hernandez Fujigaki, a U.S.-trained cardiologist who has performed heart surgery in National City, near San Diego, and, for a fraction of the cost, at the hospital he owns in Tijuana, Centro Medico Excel.

"We're catching up," said Fujigaki, adding that the Tijuana hospital can handle almost any surgery except skin grafts and organ transplants.

At Excel's classroom-size main operating room, a horse trainer was recently wheeled in for a hernia operation. Three nurses in crisply pressed hospital garb spent several minutes meticulously assembling the instrument tray.

The team of three doctors made a small incision, inserted a small scope connected to a special camera called a laparoscope and repaired the man's abdominal wall. Several visitors watched the procedure on television monitors from the observation room overhead.

Dr. Ruben Flores Diaz said the surgery, along with open-heart and other complex procedures, have been performed hundreds of times at Excel.

"This afternoon, he will leave ... and a week from now he'll be back with his horses," said Flores Diaz, a general surgeon.

Excel's charges are a fraction of those at U.S. hospitals. The daily charge for room and care in Excel's intensive care unit is about \$1,200. At Scripps Clinic, a large hospital in San Diego, the cost is about \$4,000.

Personal Touch

Part of what draws patients south of the border is the very different medical culture. In California, some Latino patients say, care takes longer to get and is not rendered with as personal a touch.

These enrollees, who have received healthcare in both countries, say the U.S. system is too bureaucratic and hurries them out the door.

"Over there [in San Diego], we wait for more than half an hour and they just give us a Tylenol," said cross-border plan member Guadalupe Briseno, who accompanied her 15-year-old son, Jorge, to the Tijuana clinic of Dr. Teresa Figueroa Garcia.

Garcia, 52, a soft-spoken family practitioner, is one of about 73 doctors in Tijuana affiliated with Access Baja.

Garcia, who shares her suite of offices with her husband, an internist, consults with patients in her office before treating them in an adjoining examination room.

She said she sees about seven patients daily. American doctors, by comparison, may see several times that, according to doctors north of the border.

Rosalia Serratos of Brawley, Calif., couldn't afford insurance before her husband was hired three years ago at an Imperial Valley farm.

In years past, the family would seek treatment only in emergency rooms.

Now, their Access Baja plan enables them to go to Mexicali doctors, and in emergencies, U.S. doctors. The family believes that it can take advantage of the best from both countries.

Earlier this year, Serratos' 3-year-old son, Saul, almost drowned in a pool accident and had to be airlifted to San Diego.

U.S. doctors, she said, saved her son's life.

But for routine care she prefers taking him and her 9-year-old daughter to Mexicali, 25 miles away, where she says the clinics have shorter waits and more attentive doctors.

"I like the way they treated my son in San Diego. They never left him alone," said Serratos, referring to the near-drowning. But for regular care, she added, "I like going to Mexico."

Jose Rangel, a San Diego construction worker, said finding a good doctor to treat his lower-back pain was a problem in both countries.

In California, he would wait weeks for an appointment that lasted just a few minutes, he said. The doctors, he said, prescribed an assortment of drugs that only temporarily eased the pain.

In Mexico, the first physician he saw took X-rays and recommended surgery, but Rangel didn't trust him because he didn't take time to explain why.

"In Mexico, there are bad doctors just like here," said Rangel, whose wife and two children also visit Mexican physicians. "It's like everything else. It's all about getting a good recommendation."

Rangel ended up seeing Dr. Felipe Tovar Vasquez, a slim, middle-age back specialist for the Access Baja plan who extracted Rangel's herniated disc and fused two vertebral bones. The operation was so successful that Rangel recommended the same procedure and doctor to his brother.

"I ended up well, thank God. I was walking two days after the surgery," said Rangel, who can now painlessly hoist cabinets at his current job.

Tovar, a graduate of Mexico City's prestigious Universidad Nacional Autonoma de Mexico, said Rangel was one of hundreds of people he had helped. His training and skills, he said, are the equal of U.S. doctors'.

The only difference, he said, is "a lot of money."

Credit: Times Staff Writer