

# QUALITATIVE ASSESSMENT AMONG PR RESIDENTS

*By IPSOS*

# HEALTHCARE

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# Healthcare

## *Findings & Recommendations*



## Healthcare in Puerto Rico is characterized by its complexities like varied insurance coverage, limited access to specialized care, and the financial strain of high medical costs impacting quality and accessibility

### Health Insurance & Networks

- Participants reported varied insurance coverage. Many elderly participants (Medicare Advantage beneficiaries) had government-provided insurance. However, a noticeable portion of participants voiced having minimal insurance\* due to affordability issues.
- Participants often preferred networks that offered broader coverage and more extensive hospital and specialist options. Challenges arose when certain plans limited access to specialists or specific healthcare facilities.



*Since returning, accessing the care I need has been difficult. With government insurance, the wait times are long, and it's hard to find specialists who accept my plan.*

Lived in the US and returned to PR in the last 3 years-35-54

\*Such minimal insurance plans typically include only basic services, providing limited access to specialists, covering only a fraction of medical expenses, or featuring high deductibles and copayments, which result in substantial out-of-pocket costs. These participants may find that their insurance does not adequately protect them from financial risk associated with significant medical services.

### Access to Medical Services & Healthcare Costs

- Access to services, especially specialized care, was identified as problematic, with reports of long waiting times and inadequate local options for certain specialties.
- Participants consistently mentioned that costs for medical services and prescriptions were prohibitively high, even for those with insurance, causing financial strain.



*It's challenging to find a primary care doctor who's accepting new patients and getting referred to a specialist is even tougher.*

Beneficiary of Medicare Advantage - Regular, 65+ Years



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While the issue of low natality was acknowledged in the focus groups as a notable concern, it may not have been highlighted as one of the principal problems faced by Puerto Rico. Low natality, while significant, presents as a more long-term demographic challenge rather than an immediate crisis.

### Perception of Quality in Healthcare

Participants associated quality healthcare with timely services, access to a range of specialists, advanced technology, and friendly, competent healthcare staff.



*Quality healthcare means you can get the help you need when you need it, without ridiculously long waits*  
Technical Careers or Sectors Recruited in the US





## Some differences in healthcare concerns were identified among certain targets primarily amidst medical students, beneficiary of Medicare Advantage, adults and professionals

### 1 Elderly Participants

Medicare beneficiaries primarily relied on government insurance. Focused more on access and affordability of medications and consistent care providers.

- Availability of physicians accepting Medicare and ensuring their prescriptions are cost-effective.
- High prescription costs are a significant concern, and there is a strong preference for insurance plans that provide more comprehensive coverage for medication.
- Importance is placed on having a regular healthcare provider who understands their ongoing health needs.

### 2 Younger Adults and Professionals

More likely to emphasize flexible and comprehensive insurance options that include preventative care without high out-of-pocket costs.

- Seeks insurance plans that offer flexibility in choosing healthcare providers and do not have restrictive networks.
- There is a strong emphasis on preventive care options like regular health check-ups, vaccinations, and wellness programs that are included in insurance without additional costs.
- Concerns about high deductibles and co-pays were frequently mentioned, with a preference for plans that minimize these expenses.

### 3 Medical Students

Concerned with training resources and infrastructure quality within health institutions, especially regarding advanced technology and learning opportunities.

- Medical students expressed concerns about the adequacy of training facilities and the access to modern technology and equipment.
- Some reported that facilities are outdated, impacting their learning experience and exposure to advanced medical practices.
- They highlighted the need for more hands-on learning experiences and access to a wider range of specialties during their training.
- Access to cutting-edge medical technology is seen as crucial for developing relevant skills required in a global healthcare environment.



**Overall, the suggested solutions highlight a need for systemic reforms in healthcare funding, infrastructure, and service delivery:**



1. **Increase healthcare funding:** Participants across different groups suggested that the government should allocate more funds to improve healthcare infrastructure, expand services, and train healthcare professionals. Elderly participants emphasized the need for funding directed towards Medicare and senior healthcare services, while younger participants focused on preventive care and wellness programs.
2. **Improving access to specialists:** There was a call for increasing the number of specialists and reducing wait times. This could be achieved by incentivizing doctors to work in under-served areas or from abroad. Those living in rural areas or recently returned from the US emphasized the need for equitable distribution of specialists, while urban residents noted the importance of quick access to elective surgeries.
3. **Affordable healthcare options:** Many participants proposed the introduction of more affordable insurance plans and reducing the costs of medicine and medical services. Low-income groups and single parents were particularly vocal about the necessity of affordable healthcare to avoid financial burden.
4. **Modernization and use of technology:** Suggestions included the adoption of electronic health records and telemedicine to make healthcare delivery more efficient. Younger participants and medical students advocated for the integration of technology in healthcare to streamline processes.
5. **Public health campaigns and education:** Participants recommended increasing public health campaigns to promote preventive healthcare and health education. Teachers and educational professionals underscored the need to integrate health education in the school curriculum.



- **Access and Talent Retention:**
  - Provider incentive system focused on addressing geographic areas of greatest need.
  - Ease the criteria of the Licensing Board to practice telemedicine: Licenses reciprocity with states and eliminate certification of providers.
  - Restructure legal and regulatory framework to facilitate the practice of Physicians Assistants and Nurse Practitioners.
  - Triple-S Foundation and Foundation for The Future of Health
- **Care Management & Prevention**
  - Require providers under Plan Vital to periodically order preventive tests to beneficiaries.
  - Demand Plan Vital beneficiaries to undergo testing as a condition for plan recertification.
  - Include prevention as part of the teaching curricula of public and private institutions.
- **Hospitals**
  - Encourage evolution of current service models to outpatient and transition of care.
  - Create Centers of Excellence for targeted specialties to address access challenges.
  - Promote 24/7 availability of critical services in all regions.
  - Condition tax incentives for physicians committed to visit hospitals, attending physicians support or attend on-call duty.
  - Train and upskill emergency management personnel.
  - Establish an effective patient transference/transportation system.
- **Prescription Pricing**
  - Government can negotiate prices with manufacturers to halt excessive increases.
  - Create a recurring catastrophic fund to cover high-cost drugs.

- **Technology and Data Collection**

- Prioritize the creation of the Health Information Exchange (HIE) with greater participation from private sector.
- Government allocation of necessary funds and personnel.
- Incentivize its use by physicians, hospitals, and relevant stakeholders.
- Data analytics, reporting, and visualization tools to help make informed decisions, reach efficiencies and facilitate care coordination.
- Survey (i.e., CDC) on factors affecting health and promote codification among providers and hospitals.

- **Financing Gaps**

- **Commercial**

- Study current commercial health insurance market challenges - financial, access and compensation to providers.
    - Factors to evaluate:
      - ✓ Low employer contribution for health plan benefits.
      - ✓ Lower commercial insurance premiums than the states.
      - ✓ Lower rate payments for providers when compared to the states, and local MA and Medicaid programs.
      - ✓ Over legislation
        - Proliferation of coverage mandates for high cost/chronic conditions - causes adverse selection and prevents a proper risk distribution mechanism.
        - Collective Bargain of Providers (Act 78 of 2024 (HB 1641) – Premium cost impact of \$750M industrywide, risk to providers of potential federal government action under antitrust laws.
- **MA** – Administrative solutions and legislation to achieve rate increases and the application of federal programs to PR (MSP; LIS).
- **Medicaid** – Funding beyond 2027.

## Contact



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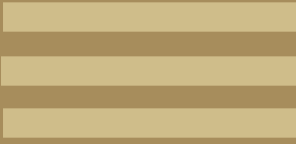


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