**COLEGIO FRANCISCO DE PAULA SANTANDER I E D**

**GUÍA PARA LAS SEMANAS DE TRABAJO EN CASA GRADO 1101**

**SUBJECT: ENGLISH**

**TEACHER: SANDRA SILVA JM**

Apreciados estudiantes espero que se encuentren bien ustedes y sus familias. A continuación, les hago entrega de las actividades a realizar para la semana del **2** al **11** de mayo. Los learning objectives y el main topic deben estar consignados en su cuaderno luego de marcar la hoja de **SECOND TERM (**que va decorada**)**

**Recuerden que las actividades son para que enriquezcan su conocimiento y por esa razón las deben hacer de manera individual.**

**Learning objectives:**

* Produces simple oral and written argumentative texts about subjects of other disciplines.

• Identifies specific information in long written argumentative texts related to subjects of other disciplines.

• Exchanges, orally, opinions and ideas in spontaneous interactions about subjects of other disciplines.

**Main topic:** HEALTH: HEALTH SERVICES

**RECURSOS:**

* + - * INTERNET PARA CONSULTA
			* CUADERNO Y ESFEROS O DEMAS
			* CARTILLA KNOW NOW
* PLATAFORMA VIRTUAL DUOLINGO (código de clase

**ACTIVITIES:**

* Read the following articles about Colombian Health System
1. <https://internationalliving.com/countries/colombia/healthcare-in-colombia/>
2. <https://ideasen.llorenteycuenca.com/wp-content/uploads/sites/6/2015/08/150622_DI_article_Colombian_healthcare_system_ENG.pdf>
* Make a comparison between the two articles writing your opinion about the real situation you perceive
* Find if in the Colombian Health system (EPS) is it possible to access to medical care different from traditional medicine. (acupuncture, aromatherapy, Ayurvedic medicine, holistic nursing, homeopathy etc…)
* Write about what you found in the previous search
* Using your own words EXPLAIN what you understood about the explanation in page 14 (entrenamiento parte 1) from the KNOW NOW book. What do you think the purpose is of that kind of question? Write about it.
* Taking into account the instructions given in that page (14) answer page 16 using the same method.
* Be prepare for Dorian Grey storybook reading control

**ENTREGA DE EVIDENCIAS**

Las actividades serán realizadas en el cuaderno y las evidencias serán enviadas en fotos vía classroom

**Código de la clase: bf3jjyd**

## Artículos que se deben leer para hacer la comparación

## Healthcare in Colombia is a Perfect Balance of High Quality, Easy Access, and Low Cost.

When the World Health Organization ranked the healthcare systems of 191 countries, [Colombia](https://internationalliving.com/countries/colombia) came in at #22. That is better than Canada at #30 and the United States at #37. On top of this, when financial publication América Economía put together their latest annual list of Latin America’s top 58 hospitals, 23 of those hospitals were based in Colombia. That means that 40% of the top Latin American hospitals are located in Colombia.

Four of these hospitals are Joint Commission International accredited, the gold standard in world health. Two are located in Bogotá (Fundación Cardioinfantil – Instituto de Cardiología, and Hospital Universitario Fundacion Santa Fe de Bogotá), one is located in [Medellín](https://internationalliving.com/countries/colombia/medellin/) (Hospital Pablo Tobón Uribe), and one is located just outside of [Bucaramanga](https://internationalliving.com/countries/colombia/bucaramanga-colombia/) (Fundación Cardiovascular de Colombia – Instituto del Corazón).

There are many, many excellent hospitals and clinics all around Colombia which offer services from routine office visits and testing to complex procedures such as joint replacements, organ transplants, ICU services, and cancer treatment.

## Easy Access

Colombia has one public and many private health insurance plans.

### Public Healthcare Plan

The public plan is called EPS (Entidades Promotoras de Salud) and it is administered by various companies such as SURA, Comfenalco, and Coomeva. To qualify for EPS, you must have a resident cédula (identity card). The premium cost for retirees is 12% of what you declare your pension income is to EPS. There is no maximum age limit to apply for EPS coverage.

Just follow the three-step process to apply for EPS public health coverage:

1. Obtain a Visa

Work with a trusted legal advisor to help you apply for the type of visa that fits your circumstances. The most common visas are pensioners, real estate purchase, business owner, and business investment. The process to get a visa can average two to six weeks.

1. Get your Cédula

Once you have your visa stamped in your passport, you must go to a Migración (immigration) office to register your visa and apply for your cédula. You will need to complete a form, pay a fee, have digital fingerprints, and a photo. The process usually takes two to three weeks for your card to be processed and ready for pick up in the immigration office.

1. Apply for EPS Insurance

With your cédula in hand you can sign up with EPS. There are many intermediaries to choose from. SURA which ranks either first or second in quality every year is one of the most popular choices for expats. Once you are approved, coverage starts immediately. They do not issue cards, your cédula is all you need to present to the doctor´s office, hospital, lab, or other medical facility.

Many retired expats report paying $70 to $85 per couple per month for their premiums with EPS public insurance. This is the same regardless of which company you choose to administer your EPS. Colombia’s healthcare system operates in a similar fashion to a preferred provider organization (PPO). Insurers enter into contracts with specific hospitals and physicians. The insured must seek care within the approved network of providers.

By law, everyone in Colombia must have the same basic coverage, which covers medical, dental, and vision care. If you want additional services, you can purchase a private policy.

### Private Healthcare Plan

Health insurance works like building blocks. The basic EPS policy serves as a foundation from which you can build. For example, if you want the freedom to choose your own doctor or specialist, you can obtain it by paying for a private policy. If you want a policy that will cover more than a basic set of eyeglass frames and lenses, you spruce up your coverage with a private plan. Private plans require you to have EPS as a base.

Maximum age for initial enrollment in most private health plans is 60. They are not required to accept you based on your medical history and pre-existing conditions. Your premiums will vary depending on which carrier you choose, the level of coverage you select and your medical history. It is best to choose the same company for your private plan as you have for your EPS.

Private plans will give you direct access to specialists without having to go through your primary care doctor as a gatekeeper. Other benefits include private hospital room stays, coverage for some non-covered EPS services and you will be exempt from EPS copays.

EMI, a private healthcare company, provides services in most large and medium-sized cities in Colombia. If you enroll in one of EMI’s supplemental healthcare plans, you can often avoid trips to the doctor or hospital because EMI has a team of doctors and nurses that make house calls, 24-hours per day, 365-days a year. Most expats with this service report paying $25 per month for coverage.

## Low Cost

The EPS public health insurance has a three-tiered system for calculating co-payments for lab tests, imaging procedures, specialist visits, and medications. These rates change in January of each year. The 2019 tiers are $1, $4.25, and $11.15. Many of the retired expats fall into the second tier.

Even if you decide to pay-as-you-go, and not sign up for health insurance, your out-of-pocket costs will be quite low. A consultation with a specialist will cost about $50 and you will get an appointment within a couple of weeks, not months.

In Colombia pharmacists provide a greater service than simply filling a prescription. They are trained to listen to your symptoms and make recommendations. You don’t need a prescription for many medications—they can be bought over-the-counter for very low prices. An antibiotic cream costs about $1, and a 10-day supply of ciprofloxacin costs approximately $3.

## Comparing Colombia to U.S. Healthcare

### Similarities

Colombian health insurers, hospitals, and clinics use an electronic medical record system. All of your information is tied to your cédula number. This allows clinicians to access information about medications, test results, and hospital stay discharge information anywhere in the same system. State-of-the-art equipment and technology are used in most larger hospitals. Well-trained clinical personnel use best practices protocols for treatment plans.

### Differences

HIPPA (medical privacy) laws do not exist in Colombia. Doctors, nurses, and other clinical personnel can speak with other family members or friends without needing a signed document allowing release of information. Many prescriptions, laboratory tests, and referrals to specialists do not require a physician’s order. Not all brand-name medications are available in Colombia.

However, you can find generic brands for many of the diabetes, high blood pressure, and high cholesterol medications. While quite a few physicians have had some of their training in the U.S. and speak English, the office staff, nursing staff, and technicians most likely will only speak Spanish. Larger hospitals have an international relations department and can help with translation. Speaking Spanish will be extremely helpful as you navigate the health care system.

## Dental Work

Dentists provide excellent care at a fraction of the U.S. cost. The larger cities have English-speaking dentists who offer services from a simple ultrasonic cleaning, cavity filling, or whitening, to more complex procedures such as root canals, crowns, implants, and orthodontics. Prices are one-quarter of what you would spend in the U.S. A routine ultrasonic cleaning costs about $30. A session of Zoom whitening costs $150 verses over $600 in the U.S.

Orthodontics is not just for kids. You will see many Colombian adults wearing braces. Throughout the country you can find English-speaking specialists who offer treatment using traditional metal braces, clear ceramic braces, and Invisalign. While prices will vary depending on the degree of difficulty of your dental case, an average course of Invisalign will run you about $3,000. It will cost you $6,000 to $8,000 for the exact same product in the U.S.

As part of the rise in medical tourism, people from the U.S. often combine their vacation to Colombia with dental procedures. After a couple of weeks investigating Colombia, they return home well-rested and with a bright smile.

1. **THE COLOMBIAN HEALTHCARE SYSTEM: WELL THOUGHT OUT BUT POORLY IMPLEMENTED?**

Much has already been said about the Colombian healthcare system. The media are constantly publishing news about patients who die because the Health Promoting Entities (EPS) do not authorise the required medical treatments; or due to the so-called “death walk”. They also publish news about the debts of the said entities with the hospitals and about the huge problems that millions of taxpayers and subsidised have to face in order to get an appointment, consult a specialist or take medical examinations. Experts have analysed and documented this issue. The well-known journalist Juan Gossaín stated in a harsh and rigorous article that “the Colombian healthcare system is dead, corruption, politics and greed killed it”. The journalist depicted the radiography of an extremely tragic case. Health is a fundamental right, and the State must guarantee it to its citizens. However, the quality of the system is nowadays heavily questioned. The professionals working for the Health Promoting Entities (EPS) are required to see more patients in a shorter space of time, and sometimes the medical consultations cannot exceed 10 minutes, which is not enough time to provide a human and efficient service. In addition to this, the wages that these professionals earn are not consistent with the huge responsibility placed in their hands: people’s lives.

Andrew Wallace, an expert in health issues stated that “the system is fragile, and although there is a significant flow of money, people lack confidence in it. There is a wide gap between the subsidised and the taxpayers, and health should not be stratified according to what you earn. In Colombia, what matters is the number of users, not the quality of the service provided. In my country (England) private and public hospitals compete with each other: The hospital that provides the best services will have more users and more resources.“ According to Vallance, the lack of confidence is because “ the most important thing is the result in the people´s health and people are not evidencing it: huge queues, access barriers … Moreover there are scandals of corruption and people know about the interests and influences that drive politicians to move around the system. Health should not be understood as a business, it is better to think about health as a synonym of social and economic development”. The situation could not be any worse; the poor service as well as the bureaucracy and the corruption, among other factors, have undermined the reputation of both the Health Promoting Entities (EPS) and the Colombian healthcare system. One of the most well-known cases is undoubtedly the Saludcoop case. The entity enlarged its offices, clinics and medical centres; it stopped paying its suppliers and appropriated a part of the health resources that poured into its coffers and that were registered as profits. In 2011, the State took over the Health Promoting Entities (EPS) because it had been diverting money. The Office of the Comptroller General of the Republic after a long investigation concluded that “Carlos Palacino CEO and legal representative of the EPS and his team had diverted 1.4 billion pesos. This would be the biggest ‘tax trial’ of the country“.

Likewise the firm Yanhaas passed a survey which showed that only 8% of Colombians think that the system is a good one, 14% believe it to be one of the best in the world and 95% of the participants claimed bad management to be the biggest problem. Reputation is a key asset in companies and entities. Although it is qualified as an intangible, its effects are proven to be tangible and when it is positive it is reflected in an increase in the sales, in the loyalty of customers, affiliates, employees and in financial results. When reputation is negative, it could be devastating. Facts evidence that a deep review in the reputation of entities providing service should be made in order to start working on its reconstruction.

**SOLID FOUNDATIONS**

Not everything is negative. The Colombian citizens have forgotten that prior to the Law 100 of 1993, few Colombians had access to quality health services, and the health coverage was limited. After the law was implemented, Colombia adopted the comprehensive social security system (SGSSS), which is driven by six principles: efficiency, universality, solidarity, completeness, unity and participation. Nowadays, both coverage and access have been improved, and more procedures, medications and treatments have been included. Moreover, although taxpayers and subsidised can improve the conditions of the services via complementary services and policies, all Colombians regardless of their economic status have the right and the duty to have a Compulsory Health Plan. Despite the difficulties, some experts believe that the Colombian healthcare system is one of the best in Latin America, and this raises many questions: is the system the problem? Is it well thought out? Has it been poorly implemented? Is corruption the main reason of its lack of success? What can be done in order to restore the citizens’ confidence and improve their perception of the Health Promoting Entities (EPS)? The health expert Dov Chernichovski states that: “I personally believe that in the context of the developing economies, the structured reform carried out after the law 100 was implemented was one of the most ambitious reforms of that time, and it still is today. In terms of health reforms, we can have two possible scenarios: a poor model that is implemented correctly or a good model that is poorly implementedI believe that Colombia has the best healthcare system in Latin America, but it has not been implemented correctly”.

**WHERE TO BEGIN? THREE CLUES TO REGAIN CREDIBILITY:**

1. Ability to listen: Ability to listen: The reputation of Health Promotion Agencies is the result of the way in which they have engaged for years with its affiliates and to change that perception, they should focus on their main interlocutors, this is to say, their patients. In order to build strong, transparent and long-term relations, the starting point is to refine its ability to listen allowing them to find out the perceptions, needs and expectations of their affiliates and reshape their style according to their user.

2. Building dialogues: Recognize the user/ customer is the main tool to establish a fluid dialogue. The Health Promotion Agencies should move from unilateral to two-way communication. Establish a two-way communication with patients will improve the management of the agencies and will generate closeness with the affiliates.

3. Service culture: Health Promotion Agencies should understand that their main function is to provide a social service, not to fill their coffers with money, restricting treatments and hindering an appropriate attention. A solid service culture where the main goal is to provide an effective service which will meet the expectations of patients and families, and which will guarantee the right to quality health care, is only the beginning of the restructuration. Colombia has everything to have a healthcare system as good as the Canadian and English systems, as it has solid foundations. The professionals are both excellent and a worldwide reference, and the government is constantly trying to improve the service, the coverage and the access. Recently, the president Juan Manuel Santos approved the Plan Nacional de Desarrollo (National Plan for Development) and the mandatary informed that for the very first time the health sector will overcome the Ministry of Defense8 relating to investment. When analyzing both sides of the coin, several questions arise. Is it possible to rebuild reputation? How? Can the affiliates’ trust be retrieved and the relations amended? Although it is not an easy road, reforms are required and corruption must still be counteracted; it is fundamental that the Health Promotion Agencies draft a roadmap in order to restore the trust and credibility of their customers.