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## **A Health Hotline in Mexico**

### ***Frugal Innovations with Global Implications***

### **New Directions in Health Care: The Commonwealth Fund Podcast**

### **Sandy Hausman**

This is “New Directions in Health Care,” the Commonwealth Fund’s podcast, and today we continue our series on frugal innovations with global implications in Mexico, home to the world’s largest health call center. MedcallHome was co-founded by Pedro Yrigoyen 18 years ago when the telemarketing executive got sick during a business trip to Houston.

“I called the reception of the hotel, and surprisingly they connected me to a doctor who said he was based in India.”

Instead of the doctor interviewing Yrigoyen about his symptoms, the Mexican businessman ended up interviewing the doctor about practicing medicine by phone.

“So that’s how we were born.”

He sold his telemarketing company and launched MediCallHome—a hotline subscribers can call as often as they like.

“You get access to a 24/7 doctor on the phone to resolve your minor medical issues. You don’t want to go to the doctor. It’s nothing that serious. You don’t want to waste a day, so it’s convenience that I can talk immediately, within ten seconds to a doctor.”

(call center sound) Mexico has plenty of doctors, so Yrigoyen says it’s easy to staff the call center with qualified physicians. They use protocols developed by the Cleveland Clinic to assess patients and offer advice.

“Two out of three calls are solved right then and there on the phone, but for each call that we can’t resolve we refer you to our proprietary network, which basically

is a discount network of doctors, hospitals, lab work, whatever, and we've got huge negotiating power with these companies, because we've got six million members."

MediCallHome works through telecom companies which receive a commission. Subscribers pay \$2-\$5 a month, and that charge shows up on customers' phone bills. The timing was right for MediCallHome. Almost every family in Mexico has at least one cell phone, but many lacked comprehensive medical insurance.

"When we got started, about 52% of the Mexican population didn't have any type of medical coverage, whether public or private."

Eight years ago, the government pledged universal coverage, but in reality, Yrigoyen says, the health care system is still spotty.

"It's not a very simple world to navigate. There are lines, there are appointments. You miss a day. We don't replace medical coverage, but we can prevent you from wasting resources, whether private or public, having to go to an actual doctor."

He claims MediCallHome provides speedy and reliable answers to patients' concerns.

"Every call has to follow a very strict process that enables the doctor, based on internationally accepted systems, to come up with a diagnosis within the first 30-50 seconds. I can comfortably say that after about 12 million medical calls we haven't had a single civil case or mistreatment or liability case."

And, he says, the service is profitable.

MediCallHome also sells other forms of insurance, transportation by ambulance, optical and dental discounts. In addition to individuals and families, its customers include corporations offering this service as a benefit to employees.

"They get their insurance premiums down. They get absenteeism down, productivity up."

Some in the United States thought a Spanish-language phone service would appeal to employers and consumers north of the border, too. After all, the U.S. is home to as many as 60 million Hispanics.

“What we know is that about a third of all Hispanics in the U.S. only speak Spanish. Another third are going to choose Spanish when they’re talking about anything that is complicated or sensitive.”

That’s Abner Mason, founder and CEO of ConsejoSano, a digital platform for delivering health services to Spanish speakers here. He notes that 40% of Californians speak Spanish but only 5 percent of doctors in that state do. As a result, Hispanics are less likely to use medical services.

“A key goal of Consejo is to connect people to their primary provider.”

Consejo advises callers with simple medical problems, but those who might have serious conditions are referred to doctors or medical centers in their provider network, or in the case of people with no insurance, to free clinics and public hospitals. The service is not meant to replace quality primary care.

Individuals pay \$9.95 a month for the service or \$14.99 for a family of five, but Mason says most of the company’s clients are self-insured companies willing to pay between \$2 and \$5 per employee per month. Companies that self-insure take the full risk of paying employees’ health claims rather than working through a health insurer.

“They want to make sure that their employees are accessing the health system at the appropriate time and the appropriate level. They want to make sure people aren’t waiting until they’re very sick and instead getting into care earlier, which doesn’t happen if people can’t find a doctor or healthcare provider who speaks their language.”

He adds that companies can save a good deal of money by simply explaining the difference between an emergency room and an urgent care center.

“An unnecessary visit to the ER in California, for instance, can be about \$1,200-\$1,400, as opposed to going to urgent care for the same issue, could be maybe \$200-\$300.”

Patients may also save on out-of-pocket expenses and time. Again, ConsejoSano’s CEO Abner Mason.

“When you go to the emergency room, you end up waiting a long time. Urgent care is much quicker. It saves an enormous amount of time and stress and frustration when you access the health system at the appropriate level.”

And there’s one other beneficiary. Consejo advises members on the importance of preventive care, helping insurance companies to meet federal requirements.

“A certain percentage of their members have to have immunizations. A certain percentage of the women over a certain age have to have a pap smear or a breast exam, or the men have to have a prostate exam. The key here is that the health plans can’t just take your premiums and do nothing. They need to help you to take the steps to be healthier.”

To supplement its telephone service, the company offers short, online videos to better educate members about the nature of coverage – especially those who have never had insurance before.

(audio from an online ConsejoSano video)

“We make this assumption that people know the U.S. health system. It’s the most complicated health system in the world I think. Nine million Hispanics will get insurance for the first time. These are people who have never had insurance. They may not know how it works. They may not know the difference between a premium versus co-insurance, what does in-network versus out-of-network mean? Why should I take my insurance card with me when I go to the doctor? Because it will save you about half an hour versus walking in without the insurance card, and what’s on that card, and what do the numbers mean?”

Some Americans may see irony in the fact that this country is turning to Mexico for help in providing care for U.S. residents, but at Duke University’s Center for Innovations in Healthcare, Dr. Krishna Udayakumar says the U.S. must be open to new ideas from every corner of the globe.

“Almost any other sector isn’t defined by borders as to where the best ideas come from or where they go to, and yet in health care even state-to-state is difficult to move in terms of scope of practice requirements, and so I think this is one opportunity that we’re seeing being put into practice of taking an idea that’s been proven elsewhere and trying to adapt it to the local context, and I think there are

dozens of other opportunities that will help to drive affordability and access without sacrificing quality in the U.S. health system.”

This report is part of a series, Frugal Innovations with Global Implications, of “New Directions in Health Care”, the Commonwealth Fund’s podcast. I’m Sandy Hausman. Thanks for listening.