SAN DIEGO DIALOGUE

HEALTH AND MEDICAL CARE IN SAN DIEGO AND TIJUANA: PROSPECTS FOR COLLABORATION

Executive Summary

The San Diego/Tijuana region is distinctive in the way that its populations are interconnected. Many Mexican citizens live and work on the U.S. side of the border, while many American citizens choose to live on the Mexican side of the border, as do non-U.S. citizens who, because of extended work history in the United States, are entitled to U.S. benefits such as Social Security, retirement income and even unemployment compensation. There is a great deal of travel in both directions to visit families, shop, obtain health services, enjoy recreational activities and attend to personal and business affairs.

The region's large and rapidly growing population, with its degree of interpenetration across the border, poses both challenges and opportunities from public health and medical services perspectives. Indeed, both sides of the border face challenges in providing public health services, arranging for adequate and appropriate medical care for all workers, providing appropriate cross-border coverage for retirees and dependents, and finding ways to cooperate in medical education, culturally appropriate medical care and emergency medicine. Failing to meet these challenges will, in time, erode the region's attractiveness and affect the region's economic competitiveness.

Public Health Issues

Issues surrounding communicable and preventable diseases create problems on both sides of the border, since many of the region's residents lack access to primary care and because diagnosing and treating many diseases systematically in a binational population can be difficult. Among the major disease risks in the region are tuberculosis (TB), HIV/AIDS and hepatitis A, B and C. TB is of particular concern because infected individuals who move back and forth across the border and undergo various treatment regimens may actually be accelerating the resistance of their strains of TB to drug therapy. Enhanced cooperation between the two sides is necessary to make prevention, diagnosis and treatment efforts in the region more consistent and continuous.

Adequate and Appropriate Health Coverage

Both San Diego and Tijuana have a large number of people who are not covered by health insurance and have limited access to medical care. There are 645,000 uninsured individuals in San Diego County and an estimated 565,000 individuals in Tijuana without access to health insurance. The public health costs of this situation, including delays in seeking medical care and the exacerbation of chronic conditions, have significant consequences for the development of the region. In San Diego County, efforts to expand health care coverage are further complicated by uncertainty over whether participation in public health insurance programs will affect the ability of uninsured county residents to obtain U.S. citizenship.

There is a great deal of movement across the border for health care services. Residents of Tijuana may go to San Diego for specialty care, either because they have a relationship with a physician or clinic or because they happen to work in San Diego. Some pay for care out-of-pocket, some are entitled to U.S. health insurance by virtue of employment or entitlement (such as Medicare), and some have Mexican health insurance that pays for care in the United States within certain limits. Similarly, residents of San Diego County frequently go to Tijuana to receive medical care and to purchase medical products. Because Medicare does not cover dentistry services and outpatient pharmaceuticals, many retirees who live in the United States go to Tijuana for less expensive drugs and dental care. Some U.S. residents find the medical care in Tijuana to be more culturally appropriate. And many persons without insurance in the United States seek care in Tijuana because it costs less.

Coverage for U.S. Retirees in Baja California

As many as 80,000 U.S. retirees in northern Baja California may be eligible for Medicare, but that program does not — except in very limited conditions — cover care received outside the United States. Extension of Medicare coverage to include those retirees in Baja California not only would save the U.S. government a great deal of money (in terms of lower costs for medical care in Mexico) but could also spur the development of high-quality medical facilities in Baja California. Those facilities, in turn, would support establishment of retirement communities in Baja, where both the climate and the proximity to the United States would encourage such investment.

Cross-Border Cooperative Efforts

There have been some attempts to develop primary care networks for U.S. retirees and others in Baja California that are combined with emergency evacuation services to hospitals in San Diego. Many people living in Baja California may prefer to have primary care in Ensenada, Rosarito or Tijuana and specialty care in San Diego. At the same time, persons who have moved to San Diego may wish to receive primary care in San Diego from their long-time physicians who are based in Tijuana.

In order for cross-border health services to function effectively, it is important to have good communication and trust between physicians across the border and also between physicians, labs

and hospitals in Mexico and the United States. Telemedicine offers unique opportunities to provide increased cross-border coordination and collaboration in patient care. In principle, an HMO in San Diego or an insurance company in Mexico could provide coverage that was cost-effective and incorporated the comparative advantages of both countries' medical care systems.

Recommendations

Policy-makers seeking to construct a forward-thinking cross-border health care policy should consider the following policy alternatives as steps toward building an integrated regional health care system:

- Establish a coordinated binational initiative to achieve a sufficient immunization rate so that spread would be difficult for most immunizable diseases (i.e. "herd immunity").

- Determine ways that a health maintenance organization based and licensed in California could extend its service area to Mexico. Research should also be conducted to examine how California might set criteria for licensure of Mexican physicians to practice in the state. This research would also pursue whether the Mexican federal government could, through reciprocal measures, permit California physicians to develop a limited practice in Baja California.

- Develop a pilot project to test the value of making Medicare portable for retirees in Baja California. This could be done through a research and demonstration waiver from the Health Care Financing Administration.

- Promote greater cooperation in the provision of emergency medicine. The recent case of an American who was severely injured in Mexico and whose transfer to a U.S. hospital was delayed for many hours has highlighted the importance of this issue to stakeholders on both sides of the border. Creation of a full-fledged trauma center in Tijuana is one solution that merits serious consideration.

- Create broader collaborative efforts between medical institutions on both sides of the border around medical education, research, training and treatment. Encourage telemedicine strategies to link physicians, labs and hospitals across the border. Feasibility studies should be initiated to map the region's existing telemedicine infrastructure and explore the requirements for expanding local telemedicine capacity.

This executive summary is drawn from *Health and Medical Care in San Diego and Tijuana: Prospects for Collaboration*, a briefing paper by Dr. David C. Warner of the Lyndon B. Johnson School of Public Affairs at The University of Texas at Austin. The Public Policy Institute of California provided funds for the preparation of this paper, which was written for San Diego

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