



**CAEIN**  
CENTRO DE ALTOS ESTUDIOS  
INTERNACIONALES

  
Organización  
de las Naciones Unidas  
para la Educación,  
la Ciencia y la Cultura

  
Cátedra UNESCO  
«Paz, Solidaridad y  
Diálogo Intercultural»  
Universitat Abat Oliba CEU



The development of scientific training in Peru



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Carlos German Castagnola Sanchez  
Victor Raul Castagnola Sanchez  
Compilers  
2021



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## Educational research analysis of point-of- contact management in times of Coronavirus

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### Introduction

We are currently in a national Health Emergency situation, Jordan, Guiu-Segura, Sousa-Pinto and Wang, (2021), this is due to the World Health Organization (WHO) alert of "very high level" to prevent the spread of Coronavirus (COVID-19) after outbreaks in more than 180 countries. (p.89). In 2019, Peru was among the first countries with the highest number of diseases

worldwide. The health emergency that Peru is experiencing has highlighted the shortcomings of the health sector and has had a significant impact on all public and private institutions. Taype-Rondan, Hurtado-Roca, Estrada-Martínez and Timaná-Ruiz (2020) In the case of the Social Health Insurance, EsSalud, it has been affected by the reduction of almost two million insured. (p.85) Due to the fact that most of the insured come from formal companies, of which small and medium-sized companies have been the most affected by the mandatory Quarantine.

EsSalud Social Health Insurance manages 11'654,984 insured persons nationwide as of September 2019, its financing is based on the contribution of regular insured persons through a rate of nine percent (9%) of the remuneration base, contributed by the employer, as well as independent insurances which have different scales, according to the age of the insured person. EsSalud has a network of approximately 450 health care centers, organized by level of care and level of complexity.

Currently, health services at the national level do not have the satisfaction of the user population, as is the case of the Ministry of Health and the Social Health Insurance EsSalud, which has mandatory contributory financing characteristics. The Covid-19 situation room of

the Peruvian Ministry of Health is the body authorized by the Peruvian government to report the current status of the pandemic and the evolution of the cases of coronavirus, this information is related to the research to establish the current context and the circumstances in which the research process was developed.

### Contact point management

The purpose of this research is to demonstrate the importance of the management of outpatient contact points in times of coronavirus at the Hospital II-1 Jorge Voto Bernales Corpancho of EsSalud, in order to establish the aspects that influence the provision of the service and how they affect the satisfaction of the insured.

From a marketing point of view, touch point management is understood as the moment in which a user and/or customer has some kind of experience with the brand, product or service, voluntarily, involuntarily or casually, physically or virtually. Satisfaction is an intangible and qualitative aspect, which depends a lot on the level of knowledge and experience of the user and can vary from person to person. Customer satisfaction is above all and according to Hernandez, Garcia, Valencia, and Oviedo, (2019) this should be the

main objective in any organization and even more so when we talk about the health of people, it is of vital importance to constantly and periodically evaluate satisfaction. (p.95)

In the context of the health emergency caused by the coronavirus, Hospital II-1 Jorge Voto Bernales Corpancho implemented a Hospital Covid strategy that allowed it to attend the insured population affected by the coronavirus and at the same time provide preventive care aimed at reducing the outpatient care gap, through the progressive implementation of remote work such as teleconsultation and telemonitoring oriented to the health care center's employees with risk factors, with the objective of maintaining active the first line services and administrative and logistical support, as well as human resources income. These actions made it possible to attend to the most vulnerable population whose care, treatment and operations were cut off. The neighboring pharmacy service was implemented for the insured who had fixed treatments and/or who did not require further medical evaluation, in order to attend all those insured who had prescriptions pending collection, as well as those issued through the teleconsultation and telemonitoring services.

For Macinko, J., Woolley, N., Seixas, B., Andrade, F. and Lima-Costa (2020) the epidemic has had serious

consequences for health services, due to the priority of detecting COVID-19 cases, surgeries and other scheduled procedures were cancelled (p.1). Outpatient activities such as outpatient consultations and ambulatory procedures, as well as surgical interventions, have had to be suspended or delayed. For Carrión, Gómez, Rodríguez, Mantica, Esperto, Maestro, Cansino, Aguilera and Martínez (2020) While this situation lasts, telematic medical activity can provide adequate support by simulating medical consultations through video calls or phone calls, however many medical-surgical services and departments are not ready to carry out a large-scale telematic consultation practice because their experience is insufficient. (p.1)

For Studart-Neto (2020) COVID 19 can lead to higher rates of disability in acute neurological patients and a negative impact on the treatment of chronic neurological diseases such as Parkinson's disease and epilepsy, Thus the importance of reorganizing neurology consultation services for inpatient and outpatient clinics has been highlighted. (p.496). Baena, Jurado, Fernández, Rodríguez, Gómez and Vázquez (2020) mention due to the pandemic many of the social health services have had to adapt, taking safety measures, elaborating specific guidelines and giving priority to vulnerable groups, however, there are few

official documents for the care of a normal pregnancy, leaving it in the hands of the health areas to adapt the recommendations. (p.3).

For Di Tommaso, Fitz, Sastre, Hirschson, Dominé, Agüero and Baranchu (2020), telemedicine is currently of vital importance because it is an effective means of providing medical care to patients, avoiding contagion among patients, family members and health personnel, as well as preserving scarce resources, such as personal protective equipment. (p. 232). Margusino et al (2020) mentioned that some outpatient consultations continued to be performed in person, so measures were implemented to minimize viral infection of patients and professionals, such as temporal and spatial distancing, disinfection of the waiting room and the consultation room, informative posters on personal hygiene and infection prevention in the consultation rooms. (p.62). Amparore et al, (2020) mention that in Spain, new telemedicine strategies have been implemented in response to the pandemic, with the intention of protecting both health personnel and patients from the risk of contagion, face-to-face consultations have been cancelled, using the telephone as the fastest way. (p.637). Martínez-Navarro, Lozano-Zafra, Caballero-Chabrera, Modesto-Alapont and Oltra-Benavent, (2020) mention that in Spain the measures of general confinement significantly reduce urgent visits and hospital admissions, in childhood it is shown with little affectation and severity. (p.2)



Health facilities are defined as operational units that guarantee the supply of health services, organized into categories according to their level of resolution and level of complexity, implemented with human resources and equipment to provide care and administrative services. The points of contact are important in the management of any institution and from the field of marketing it is associated with user satisfaction, since an improvement in this aspect would guarantee user satisfaction in the area of health care services, although this theory originates from the administrative sciences and marketing, it can be applied to the health sector in a favorable way for the sake of user satisfaction. This is why this single category of contact point management has been subdivided into three subcategories: channel management, accessibility and infrastructure.

### **Channel management**

Applied to a health facility, where the channels refer to the points of contact where the provider and the user coexist and the service is produced, such as appointment modules, outpatient consultation, hospitalization, pharmacy, diagnostic assistance services, administrative areas and any other area related to the user.

Last May 20, the Ministry of Health MINSA (2020) published the technical standard for the adequacy of health care centers in the face of the coronavirus pandemic, providing guidelines for containment and mitigation of the pandemic, as well as triage and differentiated triage protocols for the care of confirmed and suspected coronavirus patients, as well as the availability of health care personnel who did not have risk factors and the adequacy of the infrastructure of health care centers.

### Accessibility

It is a fundamental factor in the access to services, whether public or private, and our role as social security officials is to speed up this access and make it easier for our insured, who in many cases are not aware of the procedures and formalities to be followed for different reasons. Although we are going through an adverse stage, it will soon be over and we must be prepared to face it, improving our capacity to respond to the demand for health services that will turn to the health care centers to resume their treatments and/or operations, which will again make services scarce and we must prepare ourselves for them.

From the comparative point of view, before the coronavirus pandemic and today in full state of emergency, in order to explore their experiences and

opinions regarding the time it takes to obtain an appointment compared to before the pandemic. Although it is true that due to the state of emergency most of the hospitals and polyclinics closed their outpatient clinics, starting in August, primary care was gradually reopened in all health facilities nationwide and with them, access to outpatient care was limited in terms of capacity, number of slots per specialty and with high biosecurity controls. As a result of this problem, in May and thereafter, the Social Health Insurance implemented telemedicine and teleconsultation in order to cover the demand of the insured for outpatient care, as well as the neighboring pharmacy through agreements with different chains of pharmacies and drugstores to meet the demand for medicines.

### Infrastructure

The aim is to explore the perceptions of the insured regarding their expectations and opinions related to the outpatient clinic and, at the same time, their opinions regarding the infrastructure of the health care center, in terms of the design and maintenance of the points of contact, it is necessary to make a greater effort in the aspects of location and signage of the areas and give greater importance to the disabled segment, respecting the design standards, it is also important to implement an adequate waiting area for patients and family members within the facilities of the care center

considering the temporality and welfare status of people that according to Elias and Hermes (2015) is a fundamental part of the national policy on the Peruvian welfare state. (p.164)

It is important to determine the importance of knowing and identifying the points of contact in the outpatient clinic in times of coronavirus in the Hospital II-1 Jorge Voto Bernales Corpancho of EsSalud in order to manage them efficiently and determine their influence on the provision of health care services and at the same time determine whether the channels, accessibility and infrastructure of the health care center influence the management of the service and how it affects the satisfaction of the insured from a 360 degree perspective, focused on the insured who is the *raison d'être*.

The type of research is basic, the research design was developed under the concept of phenomenology, research with a qualitative approach. A category called management of contact points and three subcategories were defined: management of channels, accessibility and infrastructure. The study scenario was developed in the setting of the Hospital II-1 Jorge Voto Bernales Corpancho of EsSalud, the participants were recruited in the waiting areas of the health care center based on two criteria: age range and gender. Participants were chosen randomly and by interception, with a sample of eight interviewees, with

the aim of obtaining the opinions and experiences of different types of insured persons regarding outpatient care. This research proposes three types of data collection techniques and instruments: in-depth interview, photographic evidence and documentary analysis. The present research has considered the basic ethical aspects based on the Belmont Report. The data analysis method was carried out using the Atlas System. TI ® Version 9.0.3, which is why the data analysis was carried out through categories and subcategories, as well as the triangulation of the research instruments.

#### **Accessibility of care at points of contact**

According to the general objective for the touchpoint management category as well as in accordance with the Touchpoint theory, it is the closest and real reference of how to manage the touchpoints with customers and / or users so that we can generate an added value and brand in all processes related to customer, which is why the author referred dictates the guidelines for proper management of touchpoints in order to create a brand value in each process with the customer which is the *raison d'être* of any institution.

For the subcategory channel management, it was identified that there is dissatisfaction on the part of the insured due to various aspects, such as protocols, infrastructure, staff attention. This is why this author

supports the marketing theory whose objective is to satisfy the needs of clients and/or users in a profitable manner, applying this concept to the health sector, which means having a healthy insured population that does not require more health care services. For Alonso (2007), the term accessibility goes beyond the possibility of going where one wants to go or achieving what one wants to achieve. (p.16)

Regarding the results found for the subcategory accessibility, it was possible to identify that the insured have an idea of the concept of accessibility that is related to their rights to receive good and timely care; at the same time, the aspect of the deferral of appointments was analyzed, finding that there is indeed a deferral, but the insured used additional appointments as a means to reduce waiting times between each appointment. This is why this author supports and provides the basic criteria of accessibility and how they should be implemented, taking into account that access to health is a fundamental right, as declared by the World Health Organization and the Peruvian government through the Congress (2009) dictated Law No. 29344 Framework Law on Universal Health Insurance, which is why this author is in accordance with the objectives and spirit of the subcategory.

In the results found it is evident that the physical aspects of infrastructure and visual communication, as well as

cleanliness and access for people with disabilities can influence the perception of the insured and at the same time in the expectation of the service to be received, which is why the author in reference considers the basic aspects of universal design which is related to shortcomings evidenced through photographic evidence and in the accounts of the in-depth interviews, which is why the recommendations of this author should be considered.

Although the general objective is related to the management of contact points, this objective is also related to the innovative category of critical points management, since both are closely linked, as there is a direct relationship with the research pillars and subcategories, demonstrating the existence of structural problems in the health care center, related to aspects of user service and/or attention, access to appointments and infrastructure. The critical points are basically caused by human factors and are influenced by material aspects related to the infrastructure of the health care center, which can be corrected.

The present authors reinforce the concepts of touch points and add other specialized marketing concepts such as strategic vision, brand value, brand awareness, trade marketing, merchandising and visual merchandising, all related to the improvement of customer and/or user management and at the same time make us reflect on the

true purpose of service institutions.

## Conclusions

The management of outpatient contact points in times of coronavirus, lies in the effort to assume responsibility for institutional objectives, having the insured as the center, and to achieve this, three fundamental elements should be promoted, the contact point, the accessibility to the service and the infrastructure of the health care center, strengthening the areas of administration, admission and quality, with the objective of having greater participation in the management of the insured. The management of the channels is intimately related to three factors: the Covid scenario, the influence of the staff's attention, the level of knowledge and expectation of the service, so that the human factor is one of the causes of the dissatisfaction of the insured, due to the workload and the stress of the day to day and it could be thought that this work stress is caused by a bad assistance programming and it could be asked if it is possible to implement a strategy oriented to the patient based on marketing and through a segmentation by type of insured. Regarding biosecurity protocols and outpatient care processes, there is very limited supervision on the part of the institution, which generates long waits and inconveniences for the insured, regarding accessibility, it could be concluded that there is no adequate scheduling of care services and there is a lack of human resources to meet the demand of the insured,



which results in high levels of deferral of appointments, Therefore, it would be possible to reduce the deferral of appointments by accelerating the scheduling of early diagnosis detection. EsSalud has been investing in infrastructure in recent years, but it would be worthwhile to ask ourselves if these investments are what the insured need and want. Therefore, an infrastructure standard should be implemented to provide the insured with the comfort and privacy they deserve. It can be concluded that, in spite of the existence of trained managers, housekeeping and budgetary, human resources and budget limitations mean that basic aspects of control, organization and infrastructure are put on the back burner, which is why there are claims that could be avoided with a greater effort on the part of the parties.

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