



دانشکده ی مدیریت و اطلاع رسانی پزشکی

پایان نامه جهت اخذ مدرک کارشناسی ارشد

رشته ی مدیریت خدمات بهداشتی درمانی

عنوان:

بررسی موانع اجرایی برنامه پزشک خانواده شهری از دیدگاه ستاد اجرایی استان اصفهان

و ارایه ی راهکار

استاد راهنما:

دکتر علیرضا جباری

استاد مشاور:

دکتر کمال حیدری

دانشجو:

آیان کردی

دی ماه ۱۳۹۲

## چکیده

**مقدمه:** طبق برنامه ی پنجم توسعه، برنامه پزشک خانواده باید در کل ایران اجرا می شد که هم اکنون اجرای آن به عنوان پزشک خانواده ی شهری در برخی شهرها آغاز شده است. مطالعه ی حاضر با هدف بررسی موانع اجرایی برنامه ی مذکور و ارایه ی راهکار از دیدگاه اعضای ستاد اجرایی پزشک خانواده استان اصفهان صورت گرفت.

**روش:** پژوهش حاضر یک مطالعه ی اسنادی، کیفی و کاربردی است که در نیمه ی اول سال ۱۳۹۲ انجام گرفت. صورتجلسات حاصل از ۳۸ نشست ستاد اجرایی استان در جهت بررسی دستورالعمل ۰۲ پزشک خانواده ی شهری مورد مطالعه قرار گرفت. موارد عنوان شده به عنوان موانع این دستورالعمل استخراج و در ۴ دسته کارکرد نظام سلامت و ۶۰ موضوع فرعی طبقه بندی گردید. سپس فهرست موانع استخراج شده برای ارایه ی راهکارها در اختیار اعضای ستاد اجرایی استان قرار گرفت. پس از بررسی راهکارهای ارایه شده، راهکارهای نهایی مربوط به هر مانع بدست آمد.

**نتایج:** موانع اجرایی برنامه ی پزشک خانواده شهری بر اساس ۴ کارکرد نظام سلامت، تولید، تامین مالی، ارایه ی خدمات و تولید منابع طبقه بندی و راهکارهای نهایی به صورت موردی ارایه شد.

**نتیجه گیری:** با توجه به نتایج به نظر می رسد بسیاری موارد در حوزه ی تولید، تامین مالی، ارایه ی خدمات و تولید منابع در این دستورالعمل نادیده گرفته شده است که نارضایتی پزشکان و سایر اعضای تیم سلامت را به دنبال خواهد داشت و به تبع آن شکست این برنامه را در پی دارد. راهکارهای حاصل از این پژوهش می تواند پیشنهاداتی جهت اجرای اثربخش برنامه ی پزشک خانواده ارایه دهد.

**واژه های کلیدی:** پزشک خانواده، پزشکی خانواده، پزشک خانواده شهری، ستاد اجرایی، موانع اجرایی، ایران.

## فهرست مطالب

۱	مقدمه
۹	اهداف پژوهشی
۱۱	روش بررسی
۱۳	نتایج
۲۵	بحث و نتیجه گیری
۳۲	منابع
۴۲	ضمیمه

Error! Bookmark not defined. Health system in Iran and urban family medicine: executive barriers defined.

## منابع

- 1.Tavasoli E, Alidousti M, KHadivari R, SHarifirad G, Hasanzade A. relationship between knowledge and attitudes of rural people with information resources about family physician program in shahrekord Health Hystem Research. 2010;6(3):498-505.
- 2.Amiri M ,Raei M, CHaman R, Nasiri E. Family physician: The mutual satisfaction of physicians and health care team members. Razi Journalof Medical Sciences. 2012;18(92):23-30.
- 3.Alidoosti M, Tavassoli E, Khadivi R, Sharifirad G. A survey on Knowledge and attitudes of Rural Population towards the Family Physician Program in Shahrekord city. Health Information Management. 2011;7(4).
- 4.Chaman R, Amiri M, Raei z, Alinejad M, Nasrollahpour Shirvani S. National Family Physician Program in Shahroud: Assessing Quality of Implementation and Condition of Settings Hakim Medical Journal. 2011;14(2):123-9.
- 5.Alipour A, Habibian N, Tabatabaee S. Changes in patterns of contraceptive methods and the impact of the family physician program in rural population in Sari city. Iranian Journal of Epidemiology. 2009;5(1):47-55.
- 6.Azizi J, Karimyar Jahromi M, Hojat M. Assessment of Darab County Villagers' Satisfaction with Family Doctor Functions from Different Aspects. Journal of Fasa University of Medical Sciences. 2012;2(3):193-8.
- 7.WHO. The world health report 2000: health systems: improving performance: World Health Organization; 2000.
- 8.Ferdosi M, Vatankhah S, Khalesi N, Ebadi Fard Azar F, Ayoobian A. Designing a referral system management model for direct treatment in socialsecurity organization: Iran University of Medical Sciences; 2009.
- 9.Janati A, Maleki M, Gholizadeh M, Narimani M. Assessing the Strengths & Weaknesses of Family Physician Program. Knowledge & Health Journal. 2010;4(4):39-44.
- 10.Karimi I, Salarian A, Anbari Z. A comparative study on equity in access to health services in developed countries and designing a model for Iran. Arak Medical University Journal. 2010;49(4):92-104.
- 11.Shadpour K. Health sector reform in Islamic Republic of Iran. Hakim Research Journal. 2006;9(3):1-18.
- 12.Hafezi Z, Asqari R, Momayezi M. Monitoring Performance of Family Physicians in Yazd. Toloee Behdasht. 2010;8(1-2).

13. Flores Arechiga A, Riquelme Heras H, Quintanilla C. Family medicine: a medical care alternative for Latin America. 1985;21(1):87-92.
14. Potts S, Deligiannidis K, Cashman S, Caggiano M, Carter L, Haley H, et al. Weaving public health education into the fabric of a family medicine residency. American Journal of Preventive Medicine. 2011 41(4):256-63.
15. Golalizadeh E, Moosa zade M, Amiresmaeili M, Ahangar N. challenges the second level referral program in family practice: a qualitative study. Scientific Journal of Medical Council of Islamic Republic of IRAN. 2011;29(4):309-21.
16. Aqlmand S, poorreza A. healthsystem reform. Journal of Social Welfare. 2004;4(14):15-38.
17. Afkar A, Pourrza A, Khodabakhshi njad V, Mehrabian F. Family physician performance from the perspective of Gilani customers. . Hospital. 2013;12(1):39-47.
18. Nasrollahpour Shirvani SD, Ashrafian Amiri H, Motlagh ME, Kabir MJ, Maleki MR, Shabestani Monfared A, et al. Evaluation of the Function of Referral System in Family Physician Program in Northern Provinces of Iran: 2008. Journal of Babol University of Medical Sciences. 2010;11(3):46-52.
19. Nasrollahpour Shirvani S, Raeisee P, Motlagh M, Kabir M, Ashrafian Amiri H. Evaluation of the Performance of Referral System in Family Physician Program in Iran University of Medical Sciences: 2009 Hakim Medical Journal. 2010;13(1):19-25.
20. van derVoort CT, van Kasteren G, Chege P, Dinant G-J. What challenges hamper Kenyan family physicians in pursuing their family medicine mandate? A qualitative study among family physicians and their colleagues. BMC Family Practice. 2012;13(1):32.
21. Tavasoli E ,Raeis M, Alidoosti M, Motlagh Z. Relationship between Knowledge of Rural People with Choice Reasons Family Physician Program in Villager Population Shahr-e-kord(2010). Journal of Jahrom University of Medical Sciences. 2012;10(19):43-8.
22. Najimi A, Alidoosti M, SHarifirad G. Study of Knowledge, Attitude, and Satisfaction toward the Family Physician Program in Rural Regions of Isfahan, Iran. Journal of Health System Research. 2012;7(6):883-90.
23. Alidoosti M, Tavasoli E, Delaram M, Najimi A, Sharifirad G .The relationship between satisfaction and knowledge about family doctor program in Shahr-e-Kord. Zahedan Journal of Research in Medical Sciences. 2011;13(6):36-9.
24. Raeissi P, Ghorbani A, Tabarraie Y. Factors Determining Satisfaction with Family Practitioner Program from the Perspective of Rural Insurance Card holders affiliated with Sabzevar University of Medical of Sciences 2011. health management. 2013;15(49):69-76.

25. Health IMo. Family physician Program instruction and referral system in urban areas, version 02. 2011.
26. Shariati M, Moghimi D, Rahbar M, Kazemian H, Mirmohammadkhani M, Emamian M. Family physician in the health plan in 1404 Islamic Republic of Iran. National Institutes of Health Research, 2011.
27. Mehrolhassani M, Jafari Sirizi M, Poorhoseini S, Yazdi Feyzabadi V. The Challenges of Implementing Family Physician and Rural Insurance Policies in Kerman Province, Iran: A Qualitative Study. *Journal of Health & Development*. 2012;1(3):193-206.
28. Jabbari A, Sharifirad G, Shokri A, Bahmanziari N, Kordi A. Overview of the Performance of Rural Family Physician in Iran. *Health Information Management*. 2013;7(9):1132-45.
29. De Maeseneer JM, De Prins L, Gosset C, Heyerick J. Provider continuity in family medicine: does it make a difference for total health care costs? *The Annals of Family Medicine*. 2003;1(3):144-8.
30. Sans-Corrales M, Pujol-Ribera E, Gene-Badia J, Pasarín-Rua MI, Iglesias-Pérez B, Casajuana-Brunet J. Family medicine attributes related to satisfaction, health and costs. *family practice*. 2006;23(3):308-16.
31. van Uden C, Winkens R, Wesseling G, Crebolder H, van Schayck C. Use of out of hours services: a comparison between two organisations. *Emergency Medicine Journal*. 2003 20(2):184-7.
32. Khadivi R, Hashemi T, Farrokh Siar E, Rohani M. The Assessment of Family Physicians' Performance in Screening of Hypertension and Diabetes Mellitus in Rural Areas of Isfahan County: A 5-year Survey. *Journal of Isfahan Medical School*. 2012;30(209):1650-61.
33. Kavari S. Evaluation of physicians and paramedical doctor's viewpoints on the family physician as a lost link in the medical system of Iran. *Middle East Journal of Family Medicine*. 2004;4(4).
34. Torabian S, Cheraghi M, Azarhomayoon A. Family physician program: physicians' satisfactions in Hamadan, Iran *Payesh Journal*. 2013;12(3):289-96.
35. Taheri M, Amani A, Zahiri R, Mohammadi M. Patient satisfaction with Urban and Rural Insurance and Family Physician Program in Iran. *Family and Reproductive Health*. 2012;5(1):11-8.
36. Reiesian S, Eslamian M, Azmal M, Bastani P, Kalhor R. Assessment Of Urban Family Physician Program In Pilot Centers Covered By Ahvaz Jundishapur University Of Medical Sciences. *payavard salamat*. 2013;7(1):11-20.

37. Shaarbafechi-zadeh N, Azami S, Bastani P. Opportunities and challenges against cross border supply of health services in Iranian health sector: a qualitative approach. *Razi Journal of Medical Sciences*. 2012;19(100):1-11.
38. Jabbari A, Mardani R. Trade in Health Services via Four Modes in Asian Countries :Challenges and Opportunities. *Health Information Management*. 2013;9(7):1104-12.
39. Jabbari A, Ferdosi M, Keyvanara M, Agharahimi Z. Analysis of Medical Tourism Industry Stakeholders: Providing Effective Strategies in Isfahan, Iran. *Health Information Management*. 2013;9(6):1-9.
40. Delgoshai B, Jabbari A, Farzin M, Sherbafchizadeh N, Tabibi S. Current medical tourism in Iran: a case study. *Payesh Journal*. 2012;11(2):171-9.
41. Doshmangir L, Rashidian A, Akbari Sari A. Unresolved issues in medical tariffs :Challenges and respective solutions to improve tariff system in Iranian health sectors. *Hospital*. 2011;10(4):21-30.
42. Khankeh H, Mohammadi R, Ahmadi F, Maddah S, Ranjbar M, Khodaei M. Management of health services delivery in times of natural disasters. *Rehabilitation*. 2007;7(2):49-55.
43. Manca DP, Varnhagen S, Brett-MacLean P, Allan GM, Szafran O, Ausford A, et al. Rewards and challenges of family practice Web-based survey using the Delphi method. *Canadian Family Physician*. 2007;53(2):277-86.
44. Nasiri Pour A, Aghababa S, Nabi pour N. Dual Practice: A Challenge in Health Care System. *Journal of Medical Council of Islamic Republic of IRAN* 2012;30(3):288-94.
45. Pouraqa B, Pourreza A, Hosseinzadeh H. Tariff proportion of GPs visited public and private funding of insured households *Journal of medicine and purification*. 2012;20(1):14-21.
46. Hajimahmoodi H, Zahedi F. Justice in the healthcare system: payment and reimbursement policies in Iran. *Journal of Medical Ethics and History of Medicine*. 2013;6(3):1-6.
47. Karimi I, Nasiripour A, Maleki M, Mokhtare H. Assessing financing methods and payment system for health service providers in selected countries: designing a model for Iran. *Journal of Health Administration*. 2000;8(22):15-24.
48. Golalizade E, Mahmoodzadeh M. The effect of Family Physician Program on Customer Reference in the health centers of Mazandaran University of Medical Sciences. *Scientific Journal of Medical Council of Islamic Republic of IRAN*. 2013;31(1):9-14.
49. Dabbagh A, GHasemi m, Zolfaqhari B, Jamshidi H. A revision to the professional roles of pharmacists in the national health system: the attitudes of physicians and pharmacists regarding the impact on inter-professional relationship. *Hakim Medical Journal*. 2006;8(4):26-36.

50. Biglar M, Bastani P, Vatan khah S. The Challenges Of Stewardship In Medical Education System: A Qualitative Approach. *payavard salamat*. 2013;7(4):299-311.

51. Rezapoor A, Ebadifard Azar F, Abbasi broujeni P. Situation of resource allocation in Iranian, s health system. *journal of Hospital*. 213;11(4):53-64.



## **executive barriers of urban family Physician from the committee members' views**

### **Abstract:**

**Introduction:** According to the fifth development plan, Family Physician Program must be implemented in Iran that now it has begun as Urban Family Physician in some cities. Present study was carried out to investigate the barriers of program implementation and their solutions from the views of executive committee members of Isfahan Province Family Physician.

**Methods:** The study was done practically in the first half of 2013. 83 minutes from the meetings of the executive committee were studied to review the instruction 02 of Urban Family Physician. Extracted barriers were classified in 4 categories of health system functions and 49 sub-themes. To ensure the validity and reliability of data during the study, participants reviewed data and extracted codes to confirm the validity and a list of barriers was made as a questionnaire and solutions for each barrier were asked from executive committee members. After data collection and summarize the contents, the final solutions were obtained for each barrier.

**Results:** Extracted barriers of family physician program were classified in 4 categories of health system functions, stewardship, financing, service delivery, resources manufacturing and final solutions were presented.

**Conclusion:** As for results it seems many cases is ignored in this instruction in the stewardship area, financing, service delivery and sources manufacturing which will be created dissatisfaction of doctors and other health team members and the failure of this program will be followed. Findings of this research can provide suggestions for effective implementation of family physicians program.

**Keywords:** family physician, urban family physician, executive committee, executive barriers, Iran.