



Research Article

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## Study of Utilization Rate of the Family Physician Program Services in Abadeh City in 1394

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### ABSTRACT

Receiving and using the care of health's services is named utilization of health's services and availability means opportunity and ability of using the services. In our country progressing of the correction the health's regime began from 1381. the main aim of correction of the health's regime in Iran is to start a series of aim oriented changes' continual for improvement the efficacy, establishment the justice in people's services hygienic and remedy having, protection people relation to financial's danger of illnesses, make the permanent's financial. We considered the Family Physician plan as the most important plan for health's regime in this research. this research collected data from 761 people at the Family Physician plan that contains 379 people in villages and 382 people in the town that society's model data collected by questionnaire and other necessities' information collected from health office of town and other health and treatment centers' statics' unit then considered on excel application and SPSS application and k2's experiment. In this research, after analysis it was found that a high percentage of rural population covered by Family Physician project and other variables is ineffective on benefit's amount for example: existence the old people those who have more than 65 years old , family's supervisor's literacy's amount and existence the feeble body in family. Inequality in benefit of health's services is dependent on some of Predisposing variable that effects shows in this research but recovery these variables can to make low these inequalities in using the health's care.

**Keywords:** Family Physician, health and treatment offices, referral system, benefit.

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### INTRODUCTION

Family physician program and referral system is one of the fundamental program in social economical cultural forth development of Iran in health care sector. In family physician program and referral system which is an advanced system in offering health care services in the country, Family physician in the first level of offering services, take the full responsibility of people and families covered.

In Abade city, a city in Fars province of Iran, famous as a pioneer city in implementation of Family physician program, in concordance with other cities this program was implemented. And as investigating the

beneficiary rate is a valuable tool in evaluating the performance of health care system planners and administratives and as a helpful tool for better planning and improvement in providing services ,this study investigates the beneficiary rate of Family physician program .

Inorder to access the health services , ministry of health , defined primary health care as the motive of health care networks. In health care system, The government policy was based primarily on the following three principles .priority of health care prevention over health services , priority of poor and rural areas over urban areas equipped with special facilities ,priority of out patient services over inpatient services .

During 1981d , based on above three principles , primary health care system shaped in the form of health care networks .

Family physician program and referral system is one of the fundamental programs in forth program of social economical cultural development in health care sector . There are different levels in family physician program , and advanced system providing health services . First level includes a general practitioner and his team who takes the responsibility of monitoring the health of people covered .

Because of their background in relationship with families , Family physicians are the most suitable ones in solving problems related to health of families . Their main responsibility is to provide overall and comprehensive health care for those in needs and also to send patients to the other personels in other health care fields in order to offer complementary services when needed . Studying different researches show that Family physician program has a greate role in offering primary health care to patients . Besides. primary care and prevention , Family physician provide wide access to needed services with lowest cost .

Since health system management and good planning depends on making informed decision , knowledge and understanding the benefit of health services in allocating the services and plannings in health sector , is necessary .

For monitoring the program and knowing that how far we come close to the target of the program .

It is very important to know that how much people welcome to this program and how the target population covered . In the case of not having complete coverage of population in the program , not only the main target is deviated but also those who are not covered in program and don't regard referral system , cause irregulation in offering health care services . Also if the beneficiary rate of covered population from Family physician program be unknown , its not possible to investigate the program efficiency .

So that study investigated the beneficiary rate of Family physician in Abade city , which shows the rate of success of this program .

#### **Investigation domain of facilities and limitation**

In this study beneficiary rate of Family physician program investigated as one of the most important effective Health program in our country .

This study done in Abade , a city in north of fats province . This research investigated all cities and countries of this region .

As Family physician program , is an up to date , in process program , there were so much information and statistics in different health center units , as many of people who were not covered , didn't participate in social affairs abotaing their information was hard , but the electronic in fra structures in health centers , faciliated the research .

In Iran the course of health system reform started about 2002 . Its goal is handling continuous , series of targeted changes for improving efficiency and justice in health services distributions , protecting people against the financial risks raising from diseases , sustainable financing and reform the payment system . one of the works done in this field is prepration of Family physician system regulation . By using this objective

experience and based on regional and global findings, assigning large amount of health care responsibility and limited population therapy to practitioner (who are called Family physician and after special education and in certain condition named Family physician), chosen as the basic in accessing to health system reform.

Family physician under take a certain series of therapeutic-sanitary-promoting services as minimum services for all those covered and beyond this boundary send people to other levels of curement to benefit from supplementary – professional systems.

Since the beginning of year 2006, Family physician program implemented in rural and urban areas with population less than two thousand. One of its most important duties is offering services and primary health care, that, with out offering services its not possible to use term Family physician in health services because all health services actively are offering to population covered in Family physician program.

In 2006 parliament charged Islamic council of state to extend the tribal and rural insurance coverage and also by Family physician approach make administration of justice possible in rural areas. The government, also, by cooperation of welfare and health care ministry and medical education, appointed to this important effort. Although the primary implementation of this program was hasty and done without providing required infrastructures for such great reform in health system of country, but could utilizes some health care indicators such as increasing the population covered in different therapeutic services insurances, increasing access to diagnostic therapeutic services, increasing attention to prevention and screening affairs, and employing many partitioner doctors. But in several years implementation, This program faced with many structural, legal, executive challenges and difficulties.

In 2007, Manka and his partners in their research with the title "advantages and challenges of Family physician in Alberta", Canada, investigated the advantages and challenges of Family physician from view points of 28 persons and reported the "providing comprehensive and diversive health and precautionary care, relationship with patients and his family, providing continuous care and receiving feed back, preserving and learning skills and knowledge, . . ." as its advantage and reported the challenging points as: "need to promote and increase the Family physician notes, need to be honored by professionals, lack of accessing to professionals activities, result and other resourses, paper work, calls and multiple forms, patient needs, . . .

In research done in Eslovani about providing health services in average 2/58 of respondent to questionnaire described the access to therapeutic and sanitary service program of Family physician, as excellent and 72 percent confirm the possibility to making call.

Long street and his partners in his study (2003) reported the limitation in awareness and view points of people received health and sanitary services as effective factors in offering services.

Filsa and his partners (2002) in his research reported the patient knowledge rate as an important factor in receiving services in primary therapeutic and sanitary care.

In study done in 2002 in united state, it was said that patients want their Family physician to have 5 characteristics: geographically comfortable access, accessibility in short time, having role in their insurance desition, the ability of making good relationship with patients and having enough skills and knowledge in their practice. [pa,2002#20]

#### Method and study procedures

In many regions of the world, reform in therapeutic and sanitary is needed. and increasing efficiency of therapeutic and sanitary care systems is one of the reforms target.

In health system, self referral causes over crowding in emergency units and hospitals, If all referrals be screened by partitioner, work volume of higher levels will be decreased – as Esfahan-Shiraz is the most important road in Iran connected the north to the south, and passing from Abade, also the Yazd – Shiraz and Esfahan – Yazd victims transferred to emergency unit of Emam Khomeini hospital in this city, the issue of solutions for decreasing references to emergency unit of this hospital, becomes more important and

as Ima native and reside in Abade and also Im from personels of health center and Family physician program , So this study was done in Abade , to find solutions for decreasing unnecessary referencess in emergencies units and hospitals .

Abade is city with capital of Abade country in fars province , Iran this city is limited to Isfahan from north , Yazd from east , Kohkeloye and BoyerAhmad from north and Khorambid from soth . The population of this city is 99941 that include 3 urban centers and 3 urban health stations in which 71093 persons covered and six rural therapeutic sanitary centers provided services for 28393 persons involved in Family physician program .

#### Research method

This study done in Abade located in north of Fars province by 275 km distance from Shiraz . This city is limited to Esfahan from north , Yazd from east , Kohkiloye and Boyer Ahmad from west and Khorambid from south .

The population of this city is 99491 persons that include 3 urban cities and 3 urban health care stations which covers 1093 urban population and its rural population is 28398 persons covered in six rural centers . The population under study was 71093 urban residents and 28998 rural residents in Abade country .

Deter mining the number of samples done by Kookran method and 382 persons chosen as urban population and 382 persons as rural population who resides inn Abade .

The required information collected and registered by referring to registration organization and other organizations related to statistical information . Then a questionnaire developed by satistics center of Iran for deterministion of effciency rate of urban population from health services , was used , this questionnaire is used in different national researches , then required information about covered population , chosen by Kokran sampling , obtained .

## RESULTS AND DISCUSSION

This study investigated 99491 Abade population that 28/45 percent of this population were rural population covered in Family physician program and 71/46 percent is urban population covered in Family physician program. The results show that family administrator level of education , having an aged person in family ,having a disabled person in the family and family administrator gender has no effect on participating in Family physician program and type of family administrator insurance and residence urban and rural are two variable that affect the participating in Family physician program 0 (pi value < 0/001 ) This result was tested in rural and urban areas , Separately . But the same result obtained .

Result obtained from statistical analyze of population covered in urban Family physician program .

Table 5-2- beneficiary rate of Family physician program in urban population covered in program

Variable	Profit by	
	Family physician program	
Lite rate	Yes	No
Ignorant	1	4
Existing a person order than 65		
Exsist	7	120
Not exsist	14	241
Type of insurance		
Having insurances covered in program	2	361
lacking insurances covered in program	19	0
Existing a disable person in family		
Exsist		
Not exsist	1	10
family administrator gender	20	351
man		
woman	16	318
	2	43

Table 4-5 : state of profited by Family physician program in covered population of Family physician program in Abade .

Variable		
family administrator literacy		
Lit rate		
Ignorant		
Existing a person order than 65		

Urban population

Profit by Family physician program	variable	
	YES	NO
Exsist		Family admin
Not exsist		
Type of insurance		

INSURANCE COVERED IN PROGRAM		
lacking insurances covered in program		
being disable person in family	1	10
Exsist	20	351
Not exsist		
family administrator gender	16	318
man	2	43
woman		

Variable		
family administrator literacy		
Lit rate	20	710
Ignorant	1	30
Existing a person order than 65		

Exsist	7	264
Not exsist	14	476
Type of insurance		
Having insurances covered in program	2	740
lacking insurances covered in program	19	0
Existing a disable person in family		
Exsist	0	25
Not exsist	0	354
family administrator gender		
Men	16	657
women	5	83

In this research it was cleared that urban population beneficiary rate is a bit different from rural population as in urban centers for some reasons despite having several Family physicians , some population did not participate in this program . Having different insurance coverages such as bank , communications , petroleum company army forces insurances which off set the costs of receiving services for the patient under their coverage , are among the reasons that cause their covered population no't willing to participate in this program .

Receiving and using of health care services called health services and access means . The ability and opportunity of using these services . The course of health system reform has started since 2002 . The main aim of health system reform in Iran is achiving to a series of purposeful continuous changes to improve efficiency, establishment of justice in people enjoyment from therapeutic and sanitary services , protecting people against financial risks raising from diseases , sustainable financing and reforming the payment system. This study investigated the beneficiary rate of Family physician program as the most important programs effecting health system .

This practical study done in 2013 by gathering information from 761 persons covered in rural and urban in Family physician program among which 379 person were rural and 382 person were urban population . Sample society data provided by a questionnaire and other informations obtained from statistic unit of health center and therapeutic and sanitary centers in this city then that information registered in Excel software and analyzed and then investigated using Spss software and squire k test analysis shows that high percent of rural population covered in rural Family physician program and important variable like family administrator insurance and urban or rural

Residence was effective in beneficiary rate of Family physician program and other variables like having a person older than 65 years in family also family administrator literacy and having a disable person in family has no effect on beneficiary rate of Family physician program .

Inequality in of Family physician beneficiary rate depends on some susceptible variables that their effects are shown in this study but improving these effective variables can be helpful in decreasing inequalities .

Profit by Family physician program		variable
Yes	No	
		family administrator literacy
		Lit rate
		Ignorant

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