

THE SURVEY OF FAMILY PHYSICIAN PROJECT EFFECT ON UNNECESSARY EXPENSES IN THE HEALTH MARKET OF PEOPLE WHO ARE COVERED BY SOCIAL SECURITY INSURANCE ORGANIZATION OF SHIRAZ

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ABSTRACT: Introduction: Progress in health and medicine, is one of the most important indicators of a country's development And existence of a successful Therapeutic plan reflect the growth and prosperity of society. Different countries according to their cultural and social facilities and infrastructure will follow specific practices in this regard that the implementation of the family physician project is one of them. Considering that family physician play a crucial role in the health of its covered population, it is also important to monitor the results of their performance. So regarding the implementation of family physicians in Fars Province, the aim of this study was to evaluate the impact of Family physician Project on unnecessary expenses of people who are covered by Social Security insurance organization in City of Shiraz. This study is a functional and descriptive study. The study statistical population consisted of individuals covered by Social Security insurance of Shiraz. The sample size was 327. The method of data collection was questionnaire that their validity and reliability was confirmed before the study. Wilcoxon test and SPSS software was used to analyze the data. Based on the results of data analysis, Implementation of family physician increases unnecessary expenses in the health market. Data Frequency is respectively 154/2 and 720/2, before and after implementation of the program which with 95% represents a rise in expenses in this sector. The purpose of Referral System (family physician) is not to limit the care services and reduce the actual Therapeutic expenses, but the purpose is to reform the health service, medicine placement on scientific principles, preventing of patient confusion and loss of golden opportunity; commensuration of services with the possibilities of province and preventing of the indiscriminate use of medicines and medical services.

Keywords: family physician, referral systems, unnecessary expenses.

INTRODUCTION

Health care system consists of all organizations, institutions and individuals providing health services that are mainly formed from the public and private sectors. In most countries, public-sector of health care system is organized for greater efficiency and effectiveness and to establish justice and public access to the three levels of first, second and third; that due to the level of people in need access service For more specialized services is possible through a of Referral System (Davoudi, 2008: 43). Health landscape of a community is measured based on population health indicators and the passage of Health is estimated based on the changes in these indicators over time (Movahedi, 2009: 11). Referral System is done in such a way that if the Lower-level employees are not able to diagnose or treat their patients Refer them to a higher level with higher levels of academic staff, that are able

to deliver more specialized services in a broader scale, using advanced technology. Establishing and strengthening of Referral System should represent two-way exchange of information and return of the patient to the place which is referred from. About the performance of Referral System as a bridge between health care levels numerous studies have been conducted and the Effectiveness and efficiency has been approved in most cases. Stephens¹ (1991) noted about the significance of the Referral System: Major health care costs (both financial and human) is the Hospital and this is somewhat inevitable. But if we accept that 80 to 90% of patients in primary health care are Diagnosable and treatable, then the current trend of credit allocation reduction in this level in developing countries would not be a meritorious action (Stephens, 1991: 9). Several studies have shown that if the level of service be organized

¹ Stephen

with Referral System We can supply 80 to 90% of health needs in first-level.

In a study conducted by Morrell² reported that of every 1,000 people in the last two weeks, 750 patients had a problem. 500 people took care of themselves, 250 cases referred to the General practitioners that 9 of these patients were referred to a specialist that 5 of this 9 patients in community hospital³ and only one person has been referred for hospitalization to an academic hospital (Morel, 1992: 12). Coleman⁴ in his study showed that 55% of patients with non-urgent health problems that were referred to the emergency department could take care by a general practitioner or recommendations (Coleman, 2001: 9).

Progress in health and medicine, is one of the most important indicators of a country's development and existence of a successful care plans reflect the growth and prosperity of society. Different countries according to their cultural and social facilities and infrastructure will follow specific practices in this regard. However, therapy capita in our country is limited, in some Western countries, about 200 times higher than the treatment capita in Iran. However, spending on health care in these countries is much more expensive. But the limited capita of the country should be spent in a sensible structure for the health priority and the reasonable needs of the community and prevent of its wasting and population and so that we won't see the turmoil and indiscriminate use of drugs and we avoid unnecessary expenses (Shadpour, 2009: 6). One of the primary roles of the family physician is responsibility for providing inclusive health care that, in general, and regardless of economic, social, technical and sexual circumstances or disease type take care of people. On the other hand, one of the most important sources of information in order to improve the physical and mental condition of the patient and the favorable conclusion of treatment, is the Existence of a regular archive system and having medical record throughout life That we cannot achieve this important goal in any system other than referral system that is based on family physician (physician), (James, 2004). In this regard, the government pays annually huge sums of subsidy on the treatment to provide satisfaction and availability of the services for various groups.

² Morel

³ Community Hospital

⁴ Coleman

However, service and use of facilities does not seem fair and reasonable to all members of society for many reasons (Bodart, 2001: 81).

In the Referral system, the physician is care centered and is responsible for establishing and completing the patient's records and in case of changing doctor, records will be transferred to the next doctor by the patient. Based on studies and results in most countries, the referral system is selected or running as the most practical and most advanced system. In addition to the fact that this plan is a new plan and is in the early stages of implementation, it may have unknown Weaknesses and strengths' point that understanding the strengths at this stage can cause effectiveness of the plan. Also discovering the weaknesses of the project that is being implemented with high cost by the government prevents the wasting of expenses. Health and safety are of the fundamental rights of each individual in the community that the government is obliged to provide them with justice. In most countries, health care system is organized for greater efficiency and effectiveness and to establish justice and public access to the three levels of first, second and third; that due to the level of people in need access service For more specialized services is possible through a of Referral System. Referral System is done in such a way that if the Lower-level employees are not able to diagnose or treat their patients Refer them to a higher level with higher levels of academic staff, that are able to deliver more specialized services in a broader scale, using advanced technology. Establishing and strengthening of Referral System should represent two-way exchange of information. The first level of referral recipient, send the patient to the referral unit with announcing condition and guidance of local staff on how to follow up and care for the patient. In this case the referral system while prioritizing patients for more specialized services can be effective for local staff training and guidance in order to properly deal with the issues and items that need to be referred (Hall, 2004). Family physician plan that have been started in rural areas since 2005 in terms of health care team (doctor and midwife), In fact, is an approach is in order to implement a form of primary health care system that can solve many problems and turmoil in the health field. In Iran, although since 1985 with the implementation of service level and development and strengthening of first level institutions in terms of health system network in all cities, significant achievements have been

obtained, but Lack of proper placement of referral system is one of the obvious weaknesses (Pileroodi, 2009: 63). That since 2005 with the implementation of rural insurance plan and family physician in rural areas and towns of fewer than 20,000 inhabitants Reforming and strengthening the referral system has been emphasized (Davoudi, 2008: 27).

Family physicians working in health centers are responsible for health care, prevention, education, health promotion and health management in their covered crowd. Based on 2005 budget law, the medical insurance organization with issuing insurance ID to all rural residents , provide the ability to benefit from health care services in a family physician. Considering that family physician play a crucial role in the health of its covered population, it is also important to monitor the results of their performance. The health monitoring system Process examine the way of presenting health services and its quality And ensures the continuity of quality. The order of the service quality is presenting service based on pre-determined standards and the order of quality assurance contains Set of activities that investigate both the quality evaluating and its enhancement and improving. Monitoring provides the raw data to answer questions that have remained unanswered in this field. However, monitoring alone is something useless and expensive but when is placed next to the evaluation, data will become usable and valuable. Evaluation provides answers to questions, it Provides advice and suggest ways to improve performance. Although without monitoring evaluation is not valid and is limited to something similar to inspection. These two are interdependent. In order to evaluate the quality of health services and family physicians, checklist forms are provided by the Ministry of Health and Medical Education that assess the Family physicians' quality of services. According to these check lists family physicians of health center have been monitored and the results of this monitoring have been evaluated in this research. The purpose of this review is to analyze these cases by assessing the strengths and weaknesses of family physicians and On the basis of this analysis, planning is provided to enhance performance. Due to This fact that the implementation of the rural insurance plan and family physician has begun since 2012 in the city of Shiraz, This study aimed to evaluate the performance of the reference system and the behavior of recipients and service providers in rural insurance Executive project

centers and family physicians that are covered by the healthcare network. The purpose of this study was to evaluate the success of the implementation of family physician project in decreasing unnecessary expenses in the health market.

RESEARCH METHODS

In this study, the data are collected by field method and variables used in the study were assessed with questionnaire. Data were randomly collected from the individuals covered under the social security, who have been visited by the family physician in the health centers in rural or urban Executive family physician of Fars Province, in the City of Shiraz, and Also pharmacies, hospitals and health care centers that provide healthcare in family physician project. After completing the forms of collected results, it was analyzed by using appropriate statistical program. For a more detailed comparison we consider the period of 23.03.2011 to 22.05.2011 as the time before starting the project and the period of 22.05.2011 to 23.03.2012 as the time after the implementation of project. Firstly, we received the list of those covered by social insurance (family physician) in medical centers and medical cadastral registers documenting and in order to determine the sample people by referring to Morgan table and with simple random selection method sample size for a population of 2200 people was considered 327 numbers in accordance with this scale That questionnaires were distributed among them. Selecting individuals for entrance to this study was completely random and between people who had the social security insurance.

The second part of information are collected by referring to pharmacies and hospitals, And to receive information on the number of patients and number of prescriptions provided during the years before and after implementation the project. Field method was used for data collection and data collection was questionnaire. Also, some part of the necessary information is obtained through coordination with Health network administrators and the statistics department of Health Network in Shiraz city and medical documentation offices of Shiraz city.

Data analysis was descriptive and inferential that in descriptive method, information and raw data by using certain classified methods and are derived as tables and statistical charts primarily from individual subjects. Inferential part dealt with determining the relationship and intensity

and direction of the relationship between subjects' opinion on each of the aspects. To analyze Hypotheses Wilcoxon test and SPSS software were used.

RESEARCH FINDINGS

Samples in this study were 47% male and 53% women, most respondents aged below 6 years and above 65 years old and the majority of them have been educated at the diploma level. 59% were married and the majority of subjects (67%) were settled in urban areas that due to the location of studied Medical centers, these scattered settlements of the patients were predictable. 50% of family physicians were at the clinic. To evaluate the impact of family physicians on unnecessary expenses in the health market, Wilcoxon test was used. Costs before and after project implementation was identified by responding to questions 12 and 13 of the questionnaire.

Wilcoxon test is a nonparametric test that is used to check the before and after. Because the questions were coded as 1-4 codes, we have used Nonparametric rather than parametric tests.

Table 4.9 the results of Wilcoxon test between the family physician and unnecessary expenses

| P- Value | t-Test |
|----------|----------------------|
| 0.000 | Unnecessary expenses |

Since the significance level is less than 0/05, Show that with 95%, there is a significant difference between unnecessary expenses before and after implementation of the family physician and comparison of corresponding data frequency before and after the plan indicate the increasing in the cost of this section. Data Frequency is respectively 154/2 and 720/2 before and after the plan implementation.

According to data obtained from the analysis of the data, it was found that that the implementation of Family physicians plan have increased expenses on unnecessary items for patients. The overall result is that there is a relationship between the family physician project and increasing the patient's unnecessary costs. it Can be said that part of these costs is spent on things that Patients inevitably spend because of lack of information of themselves and also doctors, For example commuting expenses and drugs that are not covered by this plan can be mentioned.

The result of this hypothesis is not consistent with results of similar studies. In a similar study that

was done in 2012 by Mousavi bazaz and colleagues with the title of "Evaluation of the achievement of the Family Physicians goals in Family physicians' views of Khorasan Razavi province", has declared that One of the causes of plan success, is reducing extra costs such as Going to city, as well as an unnecessary visit to a specialist that's its reason can be little referral, as well as lower transportation costs in the Khorasan province.

Family physicians Furthermore of gate keeping role in health care system also plays the role of Health Fund Treasurer that the combination of these two roles, is a great help to reduce costs in the health system. Even in global studies believe that the both role of gatekeepers and Treasury of Family physicians is essential to reform and reduce costs in the health sector.

CONCLUSIONS

Considering the obtained results it was found that there is significant relationship between the implementation of Family physicians project and the health care costs of persons covered by Social Security Organization at Shiraz but Family physicians implementation project had a negative effect on unnecessary expenses of individuals covered by the Fars social security agency and This effect has been in order to increase costs. the referral system and family physician project was one of the projects that were implemented since 2004 in the country, and the usefulness of the project is clear because of Organizing the health system As well as the expansion of health services in rural and underserved areas. Most satisfaction of family physician network placement in city of Shiraz is because of restructuring health and reducing costs of visit payment and drugs, and the greatest dissatisfaction was because of the way of implementing the referral system which causes increasing unnecessary costs in the health market. Of course the referral system is that graded level of service and patient guidance For the benefit of proper medical facilities in the graded route with a focus on the physician.

In fact the purpose of Referral System (family physician) is not to limit the care services and reduce the actual Therapeutic expenses, but the purpose is to reform the health service, medicine placement on scientific principles, preventing of patient confusion and loss of golden opportunity; commensuration of services with the possibilities of province and preventing of the indiscriminate use of medicines and medical services.

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