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عنوان:

طراحی و ارائه مدل اعمال پیشگیری سطح چهارم برای خدمات پزشکان خانواده روستایی ایران

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چکیده

مقدمه و اهداف:

ارائه خدمات بیش از حد پزشکی، هزینه بر و آسیب رسان است. به منظور کاهش استفاده از خدمات غیرضروری، مفهوم جدیدی از پیشگیری تحت عنوان پیشگیری سطح چهارم در علم پزشکی مطرح شد. پیشگیری سطح چهارم با رویکردی اخلاقی در عین حفاظت از بیمار و حفظ منافع وی می تواند موجب افزایش کیفیت ارائه خدمات و کاهش اتلاف منابع و هزینه ها شود. این مطالعه با هدف بررسی شواهد در ارتباط با استقرار پیشگیری سطح چهارم در خدمات پزشکان خانواده و ارائه مدل انجام شد.

روش ها:

مطالعه حاضر یک پژوهش ترکیبی است که در ۴ گام انجام خواهد شد. ابتدا با انجام یک مطالعه مرور نظام مند شواهد موجود در ارتباط با اعمال پیشگیری سطح چهارم در خدمات پزشکان خانواده / عمومی شناسایی شد. سپس در قسمت کیفی مطالعه با استفاده از مصاحبه نیمه ساختاریافته وضعیت موجود، چالش ها و راهکارهای اعمال پیشگیری سطح چهارم در نظام سلامت برای خدمات پزشکان خانواده روستایی ایران بررسی شد. در مرحله بعد با استفاده از نشست خبرگان و مدلسازی ساختاری-تفسیری مدل اعمال پیشگیری سطح چهارم در نظام سلامت برای خدمات پزشکان خانواده روستایی ایران ارائه شد. در نهایت چشم انداز اعمال پیشگیری سطح چهارم در نظام سلامت برای خدمات پزشکان خانواده روستایی ایران با استفاده از مدل آمس ارائه گردید.

یافته ها:

طبق نتایج مرور نظام مند ۲۸ مطالعه یافت شد که در نهایت ۷ مقاله وارد فراترکیب شدند که به بررسی محرک های ارائه خدمات بیش از حد پزشکی در بین پزشکان خانواده پرداخت و عوامل مرتبط با بیمار، پزشک، نظام سلامت و فناوری را شناسایی نمود. همچنین طبق نتایج مطالعه کیفی دلایل عدم ارائه خدمات ضروری در سطح پزشک

خانواده در ۵ دسته شرایط علی (پزشک، بیمار، نظام سلامت)، پدیده اصلی (اعتلای پیشگیری سطح چهارم)، شرایط مداخله گر و زمینه‌ای (فناورانه، اجتماعی، اقتصادی، سیاسی، فرهنگی)، راهبردها (همکاری دورن بخشی و رهبری برون بخشی) و پیامدها (کارایی و ایمنی جامعه) طبقه بندی شدند. در مرحله مدلسازی ساختاری-تفسیری عوامل ۲۰ گانه در پنج سطح طبقه بندی گردید. نتایج نشان داد منافع بیمار و گروه های آسیب پذیر بیشترین اثرگذاری و تعهد مسئولین و سیاستگذاران به حمایت جدی از پزشک خانواده، بیشترین تأثیرپذیری را دارند. بر اساس تحلیل MICMAC عوامل در دو خوشه پیوندی و وابسته قرار گرفتند. در نهایت مدل پیشنهادی این پژوهش با تمرکز بر مدل آمس ارائه شد.

بحث و نتیجه گیری:

عوامل اصلی استفاده بیش از حد، علت ها و راه حل ها عمدتاً خارج از مسئولیت و توانایی پزشکان خانواده به تنهایی است. همکاری پزشکان خانواده در مدیریت استفاده بیش از حد پزشکی، نادیده گرفته میشود. همچنین ارائه مراقبت بیش از حد در سطوح بالاتر (سطح دوم و سوم) نشان دهنده نقش حداقلی دروازه بانی پزشکان خانواده در کنترل این امر می باشد. نقص در ساختار سازمانی ارائه مراقبت های اولیه و عدم پیاده سازی مناسب سیستم مراقبت های اولیه یکی از دلایل استفاده بیش از حد در سیستم های سلامت می باشد. تهیه راهنماهایی که صراحتاً موارد ضروری و غیرضروری را بیان کنند و صریحاً به عدم انجام برخی خدمات درمانی یا تشخیصی اشاره نماید، الزامی است. سیستم سلامت باید تلاش زیادی برای تقویت مسئولیت شخصی و تعهد پزشکان خانواده داشته باشد. الگوی ارائه شده با در نظر گرفتن تمام جوانب و با ارائه تمامی ارکان، دید جامعی را در این زمینه به سیاست گذاران در حوزه تصمیم گیری کلان و مدیران در حوزه اجرای فرایند پیشگیری سطح چهارم در سطح پزشک خانواده ارائه کرده که امید است گامی موثر در کاهش خدمات غیرضروری و ارتقای اثربخش ارائه خدمات ضروری باشد.

کلمات کلیدی: پیشگیری سطح چهارم، پزشک خانواده، کیفی، مدلسازی ساختاری تفسیری، چشم انداز.

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Designing and modeling for quaternary prevention for rural family physician services in Iran

Abstract

Introduction :

Delivery of medical overuse is costly and harmful. The concept of Quaternary prevention was developed to reduce unnecessary health care. Quaternary prevention with an ethical approach while protecting the patient and his benefits can increase the quality of service delivery and reduce the waste of resources and costs. This study was conducted to examine the evidence related to the establishment of quaternary prevention in the services of family doctors and present a model.

Method :

This study was conducted in four steps using a mixed method. Firstly, a systematic review was conducted to identify the available evidence on quaternary prevention practices in family and general practice. Then, in the qualitative part of the study, using a semi-structured interview, the existing situation, challenges, and solutions to implementing the quaternary prevention in the health system for the services of rural family physicians in Iran were investigated. In the next step, using the panel of experts and structural-interpretive modeling, the quaternary preventive practice model in the health system was presented for the services of family doctors in rural Iran. As a final point, the Ames model was used to present the model of implementing quaternary prevention in the Iranian health system for the services of family physicians in rural areas.

Results :

As a result of the systematic review, 28 studies were identified, and finally, seven articles were included in the meta-synthesis, which examined why family doctors provide excessive medical services and identified factors related to patients, doctors, the health system, and technology. As a result of the qualitative study, the causal conditions (physician, patient, health system), primary phenomena (exaltation of quaternary prevention), intervening and background conditions (political, social, technological, cultural, economical), strategies (Internal governance and external leadership), and consequences (Community safety and efficiency) of not providing essential services at the family doctor level were classified into five categories. In the interpretive structural modeling stage, 20 factors were classified into five levels. According to the results, patient and vulnerable group interests are most effective, and officials and policymakers should seriously support family physicians. In MICMAC analysis, factors were grouped into two related and dependent clusters. Finally, the Ames model was presented as the proposed model for this research.

Conclusion :

The main drivers of medical overuse, causes, and solutions are generally outside the responsibility and ability of family physicians alone. The collaboration of family physicians in the management of medical overuse is neglected. Also, the provision of excessive care at higher levels (second and third levels) shows the minimal role of gatekeeping of family doctors in controlling this. Defects in the organizational structure of providing primary care and lack of proper implementation of the primary care system are one of the reasons for overuse in health systems. It is mandatory to prepare guidelines that clearly state the necessary and unnecessary items and explicitly indicate the non-performance of some therapeutic or diagnostic services. The health system needs to make a great effort to strengthen the commitment and personal responsibility of family doctors. This model, which

considers all aspects and presents all elements, has provided policymakers and managers with a comprehensive overview of this field in macro decision-making as well as managers in the field of implementing the quaternary prevention process at the family doctor level, which should result in a reduction in unnecessary services and an improvement in the effectiveness of the essential services provided.

Keywords : quaternary prevention, family physician, qualitative, interpretive structural modeling, vision.



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