

Family physician and referral system

Opinion

A referral system for medical services is a form of healthcare delivery in which patients must refer to a health facility in a hierarchy, starting with a family physician.¹ In this way, the family physician determines the patient's movement to receive health care. Family physician is a general physician that provides healthcare without considering to gender, economic, social and diseases risk factors, and if necessary, refers the patient to a specialist.² In the referral system based on family physician, an intelligent and controlled system directs different stages of treatment based on the patient's actual needs.³ The most important features of this system including; Patients can only refer to one physician (health team), the family physician is obliged to establish a patient's health record and complete it in any referral, a family physician prescribes a certain level of services, drugs, and diagnostic tests and the other services can be provided at other levels.⁴

Furthermore, the method of payment in the referral system is per capita. In this method of payment, the physicians received money per capita and they will benefit when the people are healthier.⁵ Despite the many features of the referral systems based on family physicians, most patients and physicians are not satisfied with this system. Based on my experiences in Iran healthcare system, dissatisfaction with people has several reasons, including; Lack of proper culture in the community before implementing the family physician plan, Concurrency of family physician plan with health sector evolution plan that caused confusion among the people, dissatisfaction with the treatment team from payments made as a major turning point in the receipts of family physician and the policies of insurance companies, and in some cases, it has been observed that unlawful deductions have been made by insurers, which has caused profound dissatisfaction with doctors. On the other hand, some physicians compete in the amount of referrals, and in spite of receiving large credits some medical universities and hospitals have been faced with budget deficits due to lack of proper mechanism and lack of infrastructure measures in the beginning of this plan. And finally a large number of general practitioners have not participated in this project, which has caused a lot of inconsistencies in the delivery of services. According to what was said, careful planning and consideration of all consequences can guarantee the success of such a plan. Considering the wideness its various consequences,

Volume 1 Issue 1 - 2017

Morteza Arab Zozani

Tehran University of Medical Sciences, Iran

Correspondence: Morteza Arab Zozani, School of Public Health, Tehran University of Medical Sciences, Iran, Tel +989153317843, Email morteza.arab.zozani@gmail.com

Received: June 24, 2017 | **Published:** June 29, 2017

stakeholder analysis seems to be a key point in the success of this plan.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

1. Nasrollahpour Shirvani SD, Mikanik E, Ashrafi Amiri H, et al. Evaluation of the Referral System Situation in Family Physician Program in Northern Provinces of Iran: 2012-2013. *Journal of Mazandaran University of Medical Sciences*. 2014;23(109):27-35.
2. Malgo AR. The state of the referral system and how this influences maternal healthcare in the Kabarole district, Uganda; 2015.
3. Kamau KJ, Onyango-Osuga B, Njuguna S. Challenges Facing Implementation of Referral System for Quality Health Care Services in Kiambu County, Kenya; 2017.
4. Sodabeh Vatankhah, Nader khalesi, Farbod Ebadi Fard Azar, et al. Study of payment methods to Doctors in the referral system in selected countries and suggestions for Iranian social security organization-Direct medical service provision. *Hospital Journal*. 2012;11(2):77-86.
5. Scheu LL. Household health care expenditure and health services utilization decisions in Honduras. Arizona, USA; 2003.